

July 1, 2023

Dear Dr. _____,

This letter is your official Letter of Appointment as a PGY- _____ Housestaff Physician in PROGRAM at Baylor University Medical Center (BUMC). This appointment is effective 7/1/2024 to 6/30/2025. The 2024-2025 annual salary for a PGY- _____ is COMPENSATION.

To begin employment and remain employed, residents/fellows must remain in compliance with BUMC's Drug Free Workplace Policy and all Baylor Scott & White Health (BSWH) Policies. Employment is also contingent upon maintaining a permit or license to practice medicine or dentistry (as applicable) in the State of Texas.

Subject to certain exceptions outlined in the ACGME guidelines and/or Housestaff Handbook, your continued employment is considered at-will and your employment may be terminated with or without cause by you or BSWH. Only an agreement signed by a duly authorized representative of BSWH can change the at-will status of your employment.

Please review the attached Housestaff Handbook, policies, and embedded links to the BSWH intranet:

Attachments:

- A. Drug Free Workplace Policy
- B. Housestaff Handbook

Board Eligibility

Please review the Board website for your specialty via the links below for information on future board eligibility.

- [American Board of Colon and Rectal Surgery](#)
- [American Board of Dermatology](#)
- [American Board of Emergency Medicine](#)
- [American Board of Family Medicine](#)
- [American Board of Internal Medicine](#)
- [American Board of Obstetrics & Gynecology](#)
- [American Board of Oral and Maxillofacial Surgery](#)
- [American Board of Orthopaedic Surgery](#)
- [American Board of Pathology](#)
- [American Board of Physical Medicine and Rehabilitation](#)
- [American Board of Radiology](#)
- [American Board of Surgery](#)

Sincerely,

Cristie Columbus, MD, FACP, FIDSA
Designated Institutional Official
Vice President of Medical Education - BUMC
Associate Dean, Texas A&M University College of Medicine Dallas Campus

Title:	Substance Abuse in the Workplace (Drug Free Workplace)				
Department/Service Line:	Human Resources				
Approver(s):	Chief Human Resources Officer, VP Employee Health				
Location/Region/Division:	BSWH				
Document Number:	BSWH.HR.COND.005.P				
Effective Date:	05/01/2021	Last Review/ Revision Date:	03/05/2021	Origination Date:	BHCS - 7/1991 SWH - 12/2005

SCOPE

The Substance Abuse in the Workplace (Drug Free Workplace) policy (“Policy”) applies to the Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Applicant – any person who has applied and received an offer from any BSWH entity, including rehired individuals and individuals hired through an acquisition.

Negative Dilute Result – dilute specimen where a specimen with creatinine and specific gravity values that are lower than expected.

Negative Result – the result reported by a U.S. Department of Health and Human Services (“HHS”)-certified laboratory when a specimen contains no drug or the concentration of the drug is less than the cutoff concentration for the drug or drug class and the specimen is a valid specimen.

Medical Review Officer (“MRO”) Pending Result – the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations and not yet determined positive by the MRO.

Non-Employed Individuals – any paid or un-paid individual engaged to provide services to BSWH including but not limited to: Contingent Workers, contractors, volunteers, and/or any other non-employees as determined by BSWH.

Positive Result – the result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations and is determined positive by the MRO. Including Positive Dilute Results or a second diluted specimen.

Prohibited Substances – may include alcohol and any drug obtained illegally or legally. Prohibited Substances do not include prescription substances used in a prescribed manner.

Reasonable Suspicion – a reasonable belief, based on observation or other reliable information that an individual is in violation of this Policy.

Screen (“Screening”) – a test to determine whether an individual violated this Policy based on a sample of the following: urine, blood, hair, saliva, and/or breath.

POLICY

BSWH maintains a workplace free of alcohol, illegal drugs, and the abuse of legal drugs, and therefore Applicants, employees, and Non-Employed Individuals (collectively, "individuals") are prohibited from:

- Possessing, using, or being under the influence of Prohibited Substances while working or performing services for BSWH and/or on BSWH property.
- Possession or use of paraphernalia related to the use of Prohibited Substances while working or performing services and/or on BSWH property.
- Involvement in activities relating to the manufacturing, selling, or transferring of Prohibited Substances, or any paraphernalia related to the use of Prohibited Substances while working or performing services for BSWH and/or on BSWH property.

Searches for Prohibited Substances

- Although BSWH respects an individual's privacy, that individual should have no reasonable expectation of privacy regarding work-related conduct or the use of BSWH property and equipment. This includes searches of offices, desks, lockers, and other BSWH property and, under certain circumstances, personal property, including but not limited to, bags, briefcases, purses, backpacks, and satchels. BSWH expects full cooperation by all individuals asked to undergo a search based upon Reasonable Suspicion.
- If an individual does not cooperate, BSWH may take appropriate action.
- If the search produces evidence that the individual violated this Policy, BSWH may take appropriate action.

Screening for Prohibited Substances

BSWH expects full cooperation by all individuals asked to undergo a Screen. BSWH performs Screens under the following circumstances. BSWH Employee Health Services and/or an approved third-party vendor perform all Screenings.

Initial (Post Offer/Pre-Employment)

- BSWH performs a Screen on all Applicants who receive an offer or other Non-Employed Individuals before they are engaged to perform services.

For-Cause Screening

- BSWH may perform a for-cause Screening on employees and Non-Employed Individuals.
- For-cause screening must be based on Reasonable Suspicion.
 - Reasonable Suspicion includes individual(s) exhibiting clinical signs, behavior, or conduct that could be consistent with use of Prohibited Substances or violation or potential violation of BSWH policy.
 - Reasonable Suspicion may also include an individual or group based on an activity or event in violation or potential violation of BSWH policy.
- Upon selection and notification of For-Cause Screening, the individual must immediately proceed to the designated Screening location and undergo Screening. The individual notifies their supervisor/manager and, as applicable, hands-off their assignment/patients.
- An individual who has been asked to undergo for For-Cause Screening may be placed on suspension immediately pending the results of the Screening or may be allowed to continue work at BSWH Human Resources discretion depending on the activity or event that triggered the need for For-Cause Screening.

Random Screening

- BSWH may perform random Screening on all employees and Non-Employed Individuals by a scientifically valid method. Additionally, certain departments may have heightened random drug screening requirements.
- Upon selection and notification for random Screening, the individual must immediately proceed to the designated Screening location and undergo Screening. The individual notifies their supervisor/manager and, as applicable, hands-off their assignment/patients.
- Every individual's name selected for Screening is returned to the selection pool to ensure that all individuals have an equal chance of being selected at any time. Accordingly, an individual may be subject to multiple random tests throughout any given year.

Post-Accident or Workplace Injury

BSWH requires employees submit to a Screening within twenty-four (24) hours of notice from the BSWH Safe Choice Department that the employee is subject to Screening post workplace accident or injury. The employee must comply with the requirements of this Policy.

Post-Motor Vehicle Accident

Regardless of injury or fault, in accordance with the BSWH Vehicle Driver Safety policy, BSWH requires a Driver involved in an accident while operating any vehicle for BSWH company business to submit to a Screening within twenty-four (24) hours. The Driver must comply with the requirements of this Policy.

Drug Screen Results other than Negative

BSWH complies with all Federal and state laws and regulations including licensing agency rules regarding the reporting of any violation of this Policy.

Positive Results (including Positive Dilute Results)

- BSWH rescinds the offer of employment to Applicants and does not permit Non-Employed Individuals to perform services. Applicants and Non-Employed Individuals are prohibited from future employment or engagement.
- BSWH employees may face separation from employment and Non-Employed Individuals may no longer be able to provide services to BSWH.
- The MRO must report positive findings to Federal Motor Carriers Safety Administration for BSWH employee CDL drivers.

Negative Dilute Results

- If the first Screen is a Negative Dilute Result, a second Screen is completed.
- If the second Screen is also a Negative Dilute Result:
 - BSWH rescinds the offer of employment to Applicants and does not permit Non-Employed Individuals to perform services. Applicants and Non-Employed Individuals are prohibited from future employment or engagement.
 - BSWH employees may face separation from employment and Non-Employed Individuals may no longer be able to provide services to BSWH.

Protesting Results

An individual wishing to protest Screening results must do so by submitting a written request to Employee Health Services. Individuals requesting re-testing of are required to pay for the re-testing. The original specimen is sent to an independent laboratory and results from the re-testing are sent to Employee Health Services for review. BSWH reserves the right to take any action it deems appropriate including separation of employment, rescension of Applicant offers, or termination of contractual relationships regardless of the results of the re-testing.

Refusal to Cooperate

If an individual refuses to cooperate or comply with this Policy including refusing to provide a sample, the employee may face separation from employment and the Non-Employed Individual may no longer provide services.

Drug-Free Awareness Program

In order to increase awareness of this Policy, BSWH publishes this Policy on the BSWH intranet and may provide additional education and training as necessary. Further, BSWH may provide information on available drug counseling, rehabilitation, and employee assistance programs.

Employees Working on a Federal Contract or Grant

- BSWH makes a good faith effort to comply with the Federal Drug Free Workplace Act requirements including requiring compliance with this Policy as a condition of employment for employees working on a Federal contract or grant.
- Employees working on a Federal contract or grant must notify their Human Resources (“HR”) contact of any criminal drug conviction for a violation occurring within the workplace within five (5) days of such conviction. Within ten (10) days of such notification or other actual notice, BSWH will notify the appropriate person in the contracting or granting Federal agency of such conviction. The notice must include the convicted employee’s position title and grant or contract identification number.
- It is the responsibility of BSWH to take appropriate corrective action up to and including separation from employment upon receiving notice of an employee’s conviction of a criminal drug violation in the workplace within 30 calendar days of notification. In the discretion of BSWH, any employee working on a Federal grant or contract who violates this may be required, in connection with or in lieu of disciplinary action, to participate in an approved drug assistance or rehabilitation program.

PROCEDURE

None.

ATTACHMENTS

None.

RELATED DOCUMENTS

Driver Vehicle Safety (BSWH.RISK.005.P)

Post Offer/Pre-Employment Screening Process (BSWH.HR.EMPL.013.P)

Controlled Substance and Alcohol Abuse for Commercial Motor Vehicle Operators (BSWH.HR.COND.007.P)

Safe Choice Plan (BSWH.SAFE.001.P)

REFERENCES

Drug Free Workplace Act of 1988

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the “Approver” deems appropriate under the circumstances.



2023-2024
HOUSESTAFF HANDBOOK



Graduate Medical Education
BAYLOR UNIVERSITY MEDICAL CENTER

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Medical Education Mission and Aims

The Baylor Scott & White Mission, Vision and Values

Mission: Founded as Christian ministry of healing, Baylor Scott & White Health promotes the well-being of all individuals, families, and communities.

Values: We serve faithfully; We never settle; We are in it together; We make an Impact

Focus Areas: Quality & Safety; Customer Experience; Team Member Experience; Financial Stewardship

Vision: Empowering you to live well.

Medical Education Mission Statement and Aims

Mission Statement:

In Medical Education, we strive to provide a supportive, inclusive, respectful, and caring educational community by being trustworthy, resourceful, and responsive to individual and group needs.

Our goal is to produce diverse graduates and faculty who are superb clinicians that provide exceptional patient care; are professionally and personally fulfilled, healthy, and resilient physicians; are productive members of a community; and are role models of integrity and compassion for themselves and others.

Institutional Aims:

- 1) To train and retain diverse, well-rounded, and resilient physicians who are personally and professionally fulfilled throughout their careers., so that they provide exceptional patient care to the communities they serve
- 2) To train and retain graduates that model integrity, compassion, a commitment to the reduction of healthcare disparities, and excellence in clinical education as well as patient care.
- 3) To train and retain superb, self-confident clinician scholars by focusing on an individualized approach to academic and personal growth and success in order to provide high quality, evidence-based patient care
- 4) To ensure an inclusive learning environment of the highest quality by focusing on personal and professional growth for faculty and the medical education administrative team and equipping them to meet the changing needs of the healthcare environment and the patients we serve

Department of Medical Education

Location: Roberts, 3rd Floor Y Wing

Phone: 214-820-2361

Department Executive Assistants: Stella Martinez and Kirsten Ryan

Staff: Cristie Columbus, MD	Vice Dean, Texas A&M HSC College of Medicine Dallas Campus Vice President of Medical Education ACGME Designated Institutional Official (DIO) Chair, Graduate Medical Education Committee
Jennifer Olvera, MBA	Director of Administration
Tom Cox, Psy.D.	Director of Faculty Development & Educational Research
Natalie Gittus, JD	Director of Accreditation
K. Waqiee Ahmed, MD	Clinical Research Coordinator
Megan Crowe	Marketing, Communication, & Constituent Engagement Coordinator
Julie Higginbotham	Resident Development
Emily Kaus	Wellness Program Manager
Nikie Sewell	Institutional Coordinator (Plano)
Brittany Scribner	Institutional Coordinator
Sylvia Snow, MAOM	Institutional Coordinator

GME Responsibilities

The Department of Graduate Medical Education is responsible for

- Overseeing and providing administrative support to all GME training programs at BUMC
- Implementing administrative procedures defined by the Graduate Medical Education Committee and BUMC
- Communicating with Program Directors, Program Administrators, Housestaff, and resident/fellow rotators
- Communicating with state, national and international agencies

The Director of Medical Education, Director of Accreditation, and the ACGME Designated Institutional Official (DIO), along with the Graduate Medical Education Committee (GMEC), have the authority and responsibility for the oversight and administration of the Medical Education programs and assuring compliance with the ACGME Requirements. In the absence of the DIO, the Director of Accreditation will assume these responsibilities, which includes reviewing and cosigning all program information forms and other ACGME correspondence.

Housestaff Selection, Prerequisites, and Conditions of Employment

Eligibility and Selection

BUMC utilizes the ACGME requirements for eligibility and selection of Housestaff physicians. Trainees must be eligible for employment in the United States and the State of Texas. H1B visas are not sponsored by BUMC for Housestaff training. BUMC does not discriminate with regard to any basis protected by law, including, but not limited to, sex, race, age, religion, color, national origin, disability, or veteran status.

Background Check and Drug Screening

The Department of Human Resources conducts background checks on all housestaff prior to the first day of training at BUMC. Drug screening, which includes screening for nicotine and cannabis is required for all employees. BUMC will not hire applicants who test positive for nicotine or cannabis, even if it was consumed legally in another state or country. Employees must remain in compliance with BUMC's Drug Free Workplace Policy.

Immunizations

Housestaff physicians must provide written documentation of immunizations in compliance with BUMC policy. If a Housestaff physician does not have documentation, s/he must provide titers.

Medical School Diploma and Transcript

Each Housestaff physician must submit a notarized copy of his/her medical school diploma to the Medical Education Department.

Internship, Residency, and Fellowship Certificates

If a Housestaff physician has had previous postgraduate training, s/he must submit a notarized copy of his/her internship, residency and/or fellowship certificate, as applicable.

BLS/ACLS

Each Housestaff physician in a clinical training program must be certified in Basic Life Support and Advanced Cardiac Life Support techniques prior to beginning training at BUMC. Certification must be current, and each Housestaff physician must provide a copy of his/her BLS & ACLS cards to the Department of Medical Education. Each Housestaff physician's certification must remain current throughout postgraduate medical education training.

Mandatory Annual Training (LEARN Modules)

Housestaff physicians are assigned on-line modules. Although Housestaff physicians may sign up for additional classes, those assigned are mandatory and must be completed on or before the due date. The self-instructional modules are accessible 24/7. LEARN can be accessed via PeoplePlace on the Baylor Scott & White Intranet

Medical License/Physician-in-Training (PIT) Permit (Texas Medical Board)

All Housestaff physicians must have a medical license or a PIT permit issued by the TMB in order to participate in the BUMC training programs.

- Housestaff physicians can access the TMB website at www.TMB.state.tx.us for information.
- BUMC will reimburse Housestaff physicians for PIT permit fees.
- BUMC will not reimburse Housestaff physicians for full medical license fees.
- Housestaff physicians are responsible for renewal of licenses or permits.
- Housestaff physicians must provide the Medical Education Department with a copy of his/her renewal license prior to its expiration date.

If a Housestaff physician has a full medical license issued by the TMB, s/he should **NOT** let it expire. Although the TMB allows physicians 30 days after expiration to renew a license without additional penalty fees, a physician may not practice medicine if their license is expired.

Note: If Housestaff physician's license expires, s/he will be placed on administrative leave or, in special circumstances, permitted to perform research or other non-patient care responsibilities until his/her license becomes current.

Required Reports to the Texas Medical Board

All holders of a PIT permit, must report the following to the TMB within 30 days of the occurrence.

Please visit the TMB website for further details and for the reporting form: [Texas Medical Board \(state.tx.us\)](http://TexasMedicalBoard.state.tx.us).

1. the opening of an investigation or disciplinary action taken against the PIT holder by any licensing entity other than the TMB;
2. an arrest; a fine, citation or violation over \$250 (excluding traffic tickets, unless drugs or alcohol were involved); charge or conviction of a crime; indictment; imprisonment; placement on probation; or receipt of deferred adjudication; and
3. diagnosis or treatment of a physical, mental or emotional condition, which has impaired or impairs the PIT holder's ability to practice medicine.

BUMC Dictation Number

Each Housestaff physician is assigned a 6-digit dictation number. This number can be found in New Innovations.

DEA Permits (Drug Enforcement Agency)

Institutional DEA Permits

If a Housestaff physician has a Physician-in-Training permit issued by TMB, s/he is eligible only for an institutional DEA number. It is valid only for use in treating BUMC patients. In order to meet Federal and State requirements, Housestaff who use an Institutional DEA number must include the assigned suffix when writing prescriptions. The assigned suffix is the physician's dictation number. Housestaff DEA numbers can be found in New Innovations.

Example: AB2218077 – 891022
 Institutional/Hospital DEA # -- Housestaff Dictation Number

If a Housestaff physician rotates to another institution and will be writing prescriptions for controlled substances, s/he is required to obtain an institutional DEA from that institution.

Use of BUMC's Institutional DEA number at other institutions or for patients seen outside the training program constitutes unauthorized use and can put a physician at risk for criminal investigation and possible loss of their medical license.

Federal DEA Permits

If a Housestaff physician has a full Texas medical license and will be moonlighting and writing controlled substance prescriptions for patients outside of the training program, the Housestaff physician must have a Federal DEA permit.

Registration must be renewed every three years. Allow 4-6 weeks.

Housestaff physicians that have obtained a Federal DEA number prior to the start of training will need to request a modification of registration from the DEA to update their physical location. This can be requested online at www.DEAdiversion.usdoj.gov. If the change in address involves a change in state, the Texas issued license must be obtained prior to the approval of modification.

If a Housestaff physician has a Texas medical license, will NOT be moonlighting, and will NOT be writing prescriptions for patients seen outside the training program, the Housestaff physician is not required to have a Federal DEA permit. In this instance, the Housestaff physician must complete and sign the Use of Baylor Institutional DEA form, stating that s/he agrees to use the Baylor Institutional DEA number ONLY for patients seen as part of his/her training at BUMC.

Compliance with Licensing and Accreditation Guidelines

Each Housestaff physician is responsible for providing and maintaining current documentation required by these entities: Federal & State Government, ACGME, The Joint Commission, and BUMC. Failure to do so may result in corrective and disciplinary measures.

National Provider Identifier (NPI)

Housestaff physicians are expected to use their NPI number on prescriptions, referrals, and orders. Claims for Medicare beneficiaries will be denied without this information, but most other organizations (insurers, home health agencies, pharmacies, etc) require it as well.

Medicare Enrollment

The Affordable Care Act requires physicians to enroll in the Medicare Program to order/refer items or services for Medicare beneficiaries.

Housestaff physicians should enroll and manage their account through the Internet-based Medicare Provider Enrollment Chain, and Ownership (PECOS) system.

Texas Prescription Monitoring Program (PMP)

The Texas PMP collects and monitors prescription data for all Schedule II, III, IV, and V Controlled Substances and provides a database for monitoring patient prescription history. Physicians are required to check the patient's PMP history before prescribing opioids, benzodiazepines, barbiturates, or carisoprodol. Housestaff who may prescribe any of these substances are required to register with the PMP through the AWARe system.

ID Badges

BUMC requires that all Housestaff, students, and rotators wear I.D. badges visibly above the waist. ID badges provide access to secure areas, call rooms, and assigned parking garages.

If a Housestaff physician loses his/her ID badge, they should advise the Medical Education Department (extension 2-2361) and contact Baylor Public Safety immediately (extension 2-7275).

Required Reporting of Legal or Licensing Incidents

Arrests, Convictions, and Criminal Charges

Housestaff Physician must provide the Director of Administration with immediate written notification of: (1) all convictions (including sentences of probation, deferred adjudication in lieu of sentencing and pleas of no contest) for all offenses, (2) all unresolved criminal charges,

Licensing, Board Complaints, and other Professional Disciplinary Action

Each Housestaff physician is also responsible for providing the Director of Administration with immediate written notification of: (1) any license, certification, registration, or similar type of permit/authorization ever held has been subject to disciplinary action, suspension, revocation, etc., (2) whether there is pending any investigation with respect to any license, certification, registration, or similar type of permit/authorization ever held, (3) whether Housestaff Physician has ever been subject to suspension, exclusion from healthcare program participation, or any adverse action of any kind by any law enforcement, regulatory or licensing agency, (4) whether any medical staff membership or clinical privileges ever held at any hospital or health care facility has ever been subject to disciplinary action, suspension, revocation, etc., (5) whether there is pending any investigation with respect to any medical staff membership or clinical privileges ever held at any hospital or health care facility, and (6) any action taken or contemplated, which may be related to events occurring before or after the beginning of employment at BUMC, for which the Housestaff Physician has received notice, which may subject any license, certification, registration or similar type of permit/authorization or any medical staff membership or clinical privileges at any hospital or health care facility ever held to disciplinary action, suspension, revocation, etc

Housestaff Physician Employment

Status

Resident and Fellow Physicians are employees of the hospital and licensed physicians engaged in post-graduate medical education. A Resident/Fellow Physician is not considered a member of the medical staff and is not entitled to any of the rights or privileges of a medical staff member.

Duration of Appointment

Housestaff physicians are appointed on an annual basis by the Program Director after consultation with the Clinical Competency Committee (CCC). Training appointments are issued annually for one training year at a time. Housestaff physicians paid by the government also receive a medical education letter of appointment.

Conditions of Reappointment

Notification of intent to reappoint or not reappoint a Housestaff physician shall be made by the Program Director before completion of the Housestaff physician's term of appointment, provided the Housestaff physician is not on probationary status. If the Housestaff physician is on probation, the conditions of probation will apply. BUMC shall use reasonable efforts to provide the Housestaff physician with as much written notice of BUMC's intent not to reappoint as the circumstances will reasonably allow prior to the expiration of the Housestaff physician's term of appointment.

The determination not to reappoint a Housestaff physician is subject to appeal in accordance with the Appeal of Dismissal process.

Promotion

Housestaff physicians are promoted to the next level based on performance and evaluation of ACGME competencies. Promotion is left to the discretion of the Program Director after consultation with the Clinical Competency Committee.

Benefits and Resources

Financial Support

Housestaff physician stipends are paid through BUMC. Residents and Fellows are assigned a PGY year based on the number of years of prior training required for their current position, not based on actual prior years of training.

For example, the Advanced Heart Failure program requires 3 years of Internal Medicine plus 3 years of Cardiology training prior to starting the program. All fellows will start the program as a PGY-7. (A fellow that has completed 8 prior years of training would still start as a PGY-7. A fellow that is accepted as an “exceptionally qualified candidate,” who has not completed 6 prior years of training, would still start as a PGY-7).

There are 26 paychecks a year. A pay period begins on a Monday and ends on the second Sunday. Housestaff physicians will receive a paycheck the Friday after the pay period ends. Direct deposit is recommended, otherwise checks will be mailed directly to a trainee’s home on payday. Housestaff physicians should contact the Medical Education office with any questions about paychecks.

Access to Benefits

PeoplePlace is a Baylor Scott & White System website that provides employees with information about pay, benefits, policies and forms, etc. It can be accessed on campus through the [Baylor Scott & White Intranet](#).

Health Benefits

Housestaff physicians and their families are eligible for benefits coverage on their first day of employment with BUMC. Information on health, vision, and dental coverage can be found at <https://www.bswhealth.com/benefits>.

Other Benefits

Other benefits of employment, including discount programs, life insurance, supplemental accident/injury insurance, legal assistance, flexible spending and health savings accounts, adoption assistance, child-care assistance, and free confidential counseling are all available to housestaff physicians and their families. Details on additional benefits can be found at <https://www.bswhealth.com/benefits>.

Counseling Services

The Employee assistance program (EAP), is a free, voluntary counseling service for employees and their families. EAP is available 24 hours per day, 365 days per year. It offers a variety of professional, confidential services such as short-term counseling and referral assistance, and provides access to a variety of internet resources. The program provides assistance to help employees or a family member cope with a range of personal issues, such as: marriage, family, work, or school conflicts, loss and grief, interpersonal conflicts, stress management, substance abuse, finding childcare, accessing legal help, locating eldercare services, managing finances, reducing medical bills and much more.

Contact the Employee Assistance Program 24 hours a day, 365 days a year at 1-877-622-4327. Visit the [Employee Assistance Program Website](#).

Counseling is also provided as a benefit of BSWH Health Insurance via provider visits, e-visits, Lyra, TalkSpace, and the EAP program. To find a provider and access the variety of mental health benefits available to BSWH employees [follow this link](#).

If you or a colleague are in crisis, please take action

- ***Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)***
- ***Call the Crisis Hotline at 988***
- ***Contact the Crisis Text Line by texting TALK to 741741***
- ***Go to an Emergency Room (BSWH emergency rooms offer "white glove" service with an added layer of privacy/confidentiality for all employees. Identify yourself as an employee to alert staff members of the need for enhanced privacy).***

Peer Support

Trained peer support representatives are available to talk to housestaff who have experienced unexpected patient outcomes, traumatic patient outcomes, difficult disclosures, lawsuits, board complaints, and more.

**Peer Support Care Line
888-674-7337 (PEER)**

Professional Liability/Malpractice Insurance

BUMC is self-insured and provides legal defense and protection against claims reported or filed during (and after the completion of the program – a.k.a. tail coverage) if the alleged acts or omissions of the Housestaff physician are within the scope of the program.

- Name of Company: Baylor Scott & White System Self-Insured Trust
- Per Occurrence: \$200,000
- Per Aggregate: \$600,000

If and when a Housestaff physician is notified of a lawsuit, s/he should immediately contact the Medical Education Department at 214.820.6592 and Risk Management at 214.820.6475. The Housestaff physician shall not discuss the lawsuit with any other parties such as attorneys, patients or other physicians.

NOTE: Oral and Maxillofacial Surgery Housestaff physicians' liability/malpractice insurance is provided through the Baylor College of Dentistry/TAMU as stated in the affiliation agreement between BUMC and BCD/TAMU.

Transportation if too fatigued to drive

Housestaff physicians who are fatigued after a shift should not attempt to drive. Housestaff physicians will be reimbursed for Uber or Lyft rides home after a shift and for return to the hospital the next day if they are too fatigued to drive home.

Seeger Simulation Lab

The Sim Lab is located on the 3rd floor of T.Boone Pickens Hospital behind the Dialysis unit. Contact Lizzy Wooley (lizzy.wooley@bswhealth.org, 214-820-0294) for a tour or to schedule time in the lab. Residents have access to the lab during normal business hours. Fellows have badge access to the lab 24/7.

Call Rooms

A large number of call rooms are available on a first come, first served basis in the Housestaff Quarters on 5 Roberts in the Y wing.

Food Services for Housestaff based at BUMC

Housestaff have access to food services 24/7, either in the Truett Cafeteria, the Robert's Atrium Market Place, or vending machines.

All BUMC-based housestaff receive a meal card which can be used like a debit card at the Physicians' Cafeteria, the Truett Cafeteria and the Atrium Market Place. On the first of each month, \$120 is added to the card. Up to \$300 can roll over every month if unused. On July 1, the card balance will be \$120.

Food Services for Housestaff based at Plano

Housestaff based at The Heart Hospital Baylor Plano have 24/7 access to the Physician's Dining Room.

Library

The main campus Library is located on the first floor of Truett, near the TAMU College of Dentistry, and is accessible online at <https://bhslibrary.tamhsc.edu/>

Hours

- Monday – Thursday 7 a.m. - 10 p.m.
- Friday 7 a.m. - 6 p.m.
- Saturday 10 a.m. - 6 p.m.
- Sunday 1 p.m. - 10 p.m.

Library access includes a subscription to UpToDate[®]. Once registered, housestaff can access UpToDate[®] anywhere, including from the Mobile App.

Medical Records (Health Information Management [HIM])

Housestaff have access to medical records 24 hours a day, 7 days a week. Baylor University Medical Center utilizes the EPIC software as the comprehensive medical record.

Housestaff physicians should use discretion when accessing electronic medical records and remember that access does not equal authorization. Housestaff physicians should not access their own medical records, those of family members, or of anyone else for whom they are not providing care. Accessing records without going through the appropriate processes can result in disciplinary action up to and including termination.

Parking

BUMC provides free parking to all Housestaff. Housestaff are required to comply with applicable Baylor parking policies.

- Housestaff are assigned parking in relation to their residency/fellowship area.
- If a Housestaff physician parks in unauthorized locations, s/he will be ticketed. This includes the parking area in Lot 10 marked “Physicians” which is reserved for the BHVH attendings.
- During the training period, if a Housestaff physician purchases a different vehicle, s/he will need to register the new vehicle with Parking Services.
- Handicapped parking is available in assigned areas to qualified Housestaff who complete the necessary documentation.

Security/Safety

Appropriate security and personal safety measures are provided to Housestaff physicians at all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office buildings).

The Baylor Department of Public Safety (BDPS) reminds Housestaff to safeguard all personal items. Baylor Scott & White cannot assume responsibility for Housestaff physician’s personal property that is damaged, lost, or stolen. If a Housestaff physician finds something missing, s/he should report it to the BDPS and the Department of Medical Education. The number for emergency officer assistance and general assistance is 214.820.4444.

Support Services

Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transport services, are provided in a manner appropriate to and consistent with educational objectives and patient care.

Laboratory, Pathology, & Radiology Services

BUMC provides appropriate laboratory, pathology, and radiology services to support timely and quality patient care in the programs. This includes effective laboratory, pathology, and radiologic information systems.

- Central Collecting is open 24 hours a day, 7 days a week.
- Microbiology Laboratory - special hematology, hematology, and molecular biology.
- Surgical Pathology – on-call Housestaff physician pager, after 5:00 pm for any surgical pathology.
- Autopsies – chaplain contacts Housestaff physician.
- Pathology Lab open Monday – Friday, 7:30 am – 5:00 pm; reports until noon on Saturday.
- Radiology Services - PACS

Baylor PACS (Picture Archiving and Communication System)

PACS is a network of computer and radiology equipment where images are created and stored in digital form. The images are stored on electronic computer storage media and viewed via special computer terminals called reading stations, which are located throughout the facility. Images may be viewed through EPIC, but Housestaff wanting direct access to PACS may request log in information and training.

Baylor Physician Portal BAYLOR PHYSICIAN PORTAL

The Baylor Physician Portal is an Internet site where related sources of information, like Baylor Health Care System documents, resources, education, and training, are grouped together in a secure environment, making it easier and safer to search.

- Housestaff physicians may access the Baylor Physician Portal from home or at BUMC after registering with the Department of Medical Education.
- Housestaff physicians can view lab results; radiology reports, including x-rays, CT, MRI, sonogram results; face sheets; and transcription among other features.
- The physician portal is accessible through the [Baylor Scott & White Intranet](#)

Housestaff Physician Responsibilities

Housestaff Physicians must comply with all BUMC, BSWH, and Medical Education Policies and Codes of Conduct. In addition, housestaff physicians are expected to:

- Fulfill the educational requirements of the training program
- Check and review BUMC email at least 3 times per week and remain updated on news and requirements from Medical Education, BUMC, and BSWH
- Use his/her best efforts to provide safe, effective and compassionate patient care under supervision from the teaching faculty
- Assume responsibility for teaching other residents/fellows and students as assigned, including becoming knowledgeable of the goals and objectives of the program, rotation and/or clerkship.
- Participate in faculty development related to teaching
- Report cases of inadequate supervision at the sponsoring institution or other participating sites to the Program Director, Director of Administration, or DIO
- Adhere to the highest level of professionalism at all times
- Participate in all program and institutional activities as assigned, including quality improvement activities, patient safety projects, and Graduate Medical Education required meetings and events
- Develop a personal program of learning to foster professional growth and life-long learning skills
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and the application of cost containment measures in the provision of patient care

Change of Name, Address, and other Life Changes

Housestaff Physicians should keep their current address on file with PeoplePlace and with their Program Administrator.

If a housestaff physician legally changes his/her name, they must:

- 1) First make their name change with the Social Security Administration and Texas Department of Motor Vehicles
- 2) Request a name change with the Texas Medical Board
- 3) Contact PeoplePlace and notify them of the name change (for payroll and benefits)
- 4) Provide Medical Education with the following documents.
 - A copy of social security card showing new name.
 - PIT permit or Texas medical license showing new name.
 - Housestaff physician will be notified by Medical Education Department when s/he can obtain a new photo ID badge.

Completion of Training

A certificate is awarded to a Housestaff physician who satisfactorily completes the medical education training program requirements for board eligibility. A certificate will not be issued to a Housestaff physician who does not complete the training requirements for board eligibility. These certificates are distributed at the end of the academic year by the Department of Medical Education.

Prior to leaving BUMC, each Housestaff physician must complete all tasks required by the GME office and turn in all BUMC owned property including keys, badge, pager, and other provided supplies.

Additional Resources and Reporting Mechanisms

Housestaff Council

Mission and Purpose: The Housestaff Council is a representative committee serving the residents and fellows of BUMC. The mission is to improve graduate medical education by creating an open forum to promote excellence, communication and exchange of ideas relevant to professional issues and trends affecting the work environment and the educational programs at BUMC.

Housestaff Council Members

Each residency program that is three years in duration or longer must elect representatives to serve on the Housestaff Council on behalf of their program. Any other member of the Housestaff that wishes to serve on the council may join by submitting a request to the GME office to be added to the council. Any member of the Housestaff (whether or not a council member) may attend Housestaff Council meetings.

Expectations of Members:

- Attend and actively participate in Council meetings
- Advocate for and represent all housestaff
- Disseminate information back to the programs they represent
- Assist the Chair and Co-Chair in completing projects and meeting goals
- Elect Council Officers who will lead the Council meetings and serve as voting members of the GMEC
- Serve and actively participate on a GMEC committee

Housestaff Council Chair and Co-Chair

In order to be elected as Chair or Co-Chair of the Housestaff Council, a member must have been elected by their program to serve on the council. The Chair and Co-Chair will be elected by a majority vote of the members who are present at the meeting when elections are held. Ideally, the Co-Chair will not be in his/her final year of training, so that they can serve more than one term as either Co-Chair or Chair. However, both officers must be re-elected annually.

Expectations of Chair and Co-Chair

- Create an agenda for each meeting
- Lead all meetings
- Lead Council in setting and achieving goals for the year
- Represent the Housestaff as voting members at each Graduate Medical Education Committee (GMEC) meeting (or designate an elected council member to vote in their place)
- Provide reports to the GMEC and escalate issues/topics for discussion
- Aid in the GMEC appeals process as outlined below

Ethics

Housestaff physicians should reference Baylor's Compliance Guidelines for a detailed guide to ethical conduct. Housestaff physicians should contact the Compliance Ethics Line, 1.866.245.0815, or the Office of Corporate Compliance at extension 42-3569 with additional questions or to report ethics/compliance concerns.

GME Hotline

The Department of Medical Education is available for medical students, residents and fellows to report concerns regarding the Medical Education program such as duty hours, supervision, professionalism, quality, harassment or general program concerns. Calls to the hotline are taken seriously and callers may remain anonymous. The GME Hotline is not monitored 24 hours a day, so emergency messages should not be left at this number.

Confidential GME Hotline
241-820-2000

Policies

Application of Policies

Housestaff physicians are employees of Baylor Scott & White. As such, all employment policies and procedures adopted by Baylor Scott & White and Baylor University Medical Center will apply to housestaff physicians with the exception of the paid time off policies and inclusion in medical staff.

BUMC/BSWH Policies

All BUMC and BSWH Policies can be located on the Intranet using the Policies and Procedures Quick Link.

Housestaff physicians are all teaching faculty are expected to read and be familiar with the following policies:

- GME Commitment Statement
- Resident and Fellow Vacation Time Away and other Leaves of Absence
- Resident/Fellow Medical, Parental, and Caregiver Leave
- Well-Being Policy
- Clinical Education and Work Hour Policy (which includes the policy on Moonlighting)
- Supervision Policy
- Transitions of Care Policy
- Promotion, Grievance, Appeal, Remediation, and Disciplinary Policies

Fatigue and Alertness Management

Housestaff are responsible for recognizing the signs of fatigue and understanding the consequences of fatigue. Housestaff experiencing fatigue or recognizing signs or symptoms of fatigue in another Housestaff member should immediately report this to their Supervising Physician and/or Program Director. The Program Director is responsible for arranging for alternate coverage in the event a Housestaff member becomes too fatigued to continue with his or her patient care responsibilities.

The program will educate all Housestaff and faculty to recognize the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation, and develop processes to manage the potential negative effects of fatigue on patient care and learning.

Each program will have a process to ensure continuity of patient care in the event that a housestaff physician may be unable to perform his/her duties.

Public Relations/News Media Inquiries

Releasing **any** information about patients, or even confirming their presence at a BSWH facility, is a HIPAA violation of patient confidentiality.

If approached by a member of the news media on any matter, Housestaff physicians should notify a BSWH marketing and public relations representative **before** providing any information, participating in an interview, or allowing a photograph to be taken. A representative is on call 24 hours a day (pager 214.825.0555).

BAYLOR UNIVERSITY MEDICAL CENTER GME STATEMENT OF COMMITMENT TO EDUCATION

Baylor University Medical Center (BUMC) sponsors and operates medical and dental educational training programs (collectively, “GME Programs”) and assumes fiscal, educational, and administrative responsibility for the GME Programs. BUMC is part of Baylor Scott & White Health (BSWH). As stated in its mission, BSWH exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing.

BUMC has always had and shall continue to have a long-standing commitment to medical education, scholarly research and life-long learning in a supportive and challenging educational environment for its trainees. The governing authority, administration, and faculty of BUMC are committed to providing financial support for administrative, educational, financial, human, and clinical resources necessary to support the GME Programs. Those commitments continue as an essential component of BSWH’s core mission of “providing exemplary care, education, and research.”

BUMC is committed to ensuring that each GME training program defines and assesses the specific knowledge, skills, attitudes and educational experiences required for each trainee to acquire and demonstrate quality and competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice.

In Medical Education, we strive to provide a supportive, inclusive, respectful, and caring educational community by being trustworthy, resourceful, and responsive to individual and group needs. Our goal is to produce diverse graduates and faculty who are superb clinicians that provide exceptional patient care; are professionally and personally fulfilled, healthy, and resilient physicians; are productive members of a community; and are role models of integrity and compassion for themselves and others.



Title:	Trainee Vacation, Time Away, and other Leaves of Absence				
Department/Service Line:	Graduate Medical Education				
Approver(s):	BUMC Graduate Medical Education Committee and Designated Institutional Official				
Location/Region/Division:	Baylor University Medical Center				
Document Number:					
Effective Date:	7/1/2023	Last Review/ Revision Date:		Origination Date:	

SCOPE

This document applies to all Programs, Residents, and Fellows sponsored by Baylor University Medical Center (BUMC).

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document or in the [ACGME Glossary of Terms](#).

Holiday – up to 6 days per calendar year are available for recognized observances.

Scheduled Day Off – Refers to days off that occur naturally throughout a rotation to include the minimum 1 day off per week, weekend days as applicable, office closures due to inclement weather, and other days that the rotation office or faculty are not open or available. These days will vary significantly depending on the program and rotation and should not be considered “time away,” vacation, or personal time off.

Permanent Record [Department File] – refers to the Trainee’s file stored electronically in the Residency Management Suite.

Personal Day – Personal days are distinguished from Vacation time off by their additional flexibility and ability to be taken on any rotation. Specific allotment of personal days and guidelines for their use are determined by the Programs. Personal days are intended for time away from Training Program responsibilities to take care of life responsibilities or provide a break from work and stress and prevent burnout.

Specialty Board - Member board of the American Board of Medical Specialties.

Terminal Vacation – Vacation time or other Program Allotted Time off that coincides with the conclusion of the residency or fellowship Program.

Training Program or Program – a medical residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation (CODA), or the Texas Medical Board (TMB).

Trainee – refers to Resident or Fellow enrolled in a graduate training Program.

Institutional Vacation – refers to time away from all mandatory shifts, assignments, education, and other requirements of the training program taken at the Trainee’s discretion within the guidelines set forth by the Program and does not include Scheduled Days Off.

POLICY

Time away from work and other training program requirements to rest and recharge is essential for Trainees to withstand the rigors and stressors inherent in Residency and Fellowship training. Trainees are encouraged to use all available Vacation and Program Allotted Time Off; to call in sick when they are unwell; and take other time in accordance with applicable BSW policies.

Likewise, to provide the highest quality of care to patients, Trainees must make time to care for their own medical and preventive care needs. Trainees are encouraged to proactively prioritize their own health and wellbeing by attending preventative visits as often as recommended and attending to health care needs in a timely manner.

Institutional Vacation Time

Resident and Fellow physicians will receive 21 days for Vacation per academic year.

Unused vacation time does not accrue or roll over to the next academic year.

Residents and Fellows do not fall under the BSWH Human Resources Paid Time Off Policy (BSWH.HR.TIME.008.P)

Personal Days

Programs may grant up to 7 Personal Days for Trainees per academic year, so long as these days, in addition to other allowable time off, do not cause an individual resident or fellow to exceed the amount of days off permitted by the applicable Board Requirements.

Study, Testing, and Interview Days

If permitted by Board Requirements, Programs may grant additional time off for board prep, studying, or in order to interview for future jobs or fellowships.

Unused Program Time Off does not accrue or roll over to the next academic year.

Educational Conferences and Activities

Programs may grant up to 1 week per academic year for trainees to attend regional, national, or international conferences or other educational activities. Educational days may roll over from year-to-year per program policy if doing so does not cause a Trainee to extend their training program per Board Requirements.

Institutional Sick Time

If needed, programs will permit Residents and Fellows to take up to 3 days per academic year in addition to their Vacation time if they (or a family member requiring their care) are ill or injured. The program may authorize additional time, not to exceed more than seven continuous days.

Bereavement Leave, Jury Duty, Court Related Time Off, and Voting

Resident and Fellow physicians may take time off for these reasons in accordance with applicable BSWH policy.

Time off to Attend Medical, Mental Health, and Dental Appointments

Trainees must be given time away from their Training Program responsibilities to attend medical, mental health, and dental care appointments, including those scheduled during working hours. Trainees should provide adequate notice of appointments in advance and are encouraged to schedule these appointments at times that are least disruptive to patient care activities whenever possible. Additionally, Programs may not require Trainees to utilize Institutional Vacation or Medical Leave to take fewer than 4 hours off during the working day to attend an appointment.

Leaves of Absence

Residents and Fellows may take time off in accordance with the BSWH Resident/Fellow Medical Parental and Caregiver Leave Policy.

For additional medical, parental, or caregiver leave, personal leave, and leave for military service, residents and fellows may take time in accordance with the BSWH Leaves of Absence Policy.

Extension of Training Programs

Per Specialty Board requirements, a trainee may be required to extend his/her training as a result of taking leave, even if the leave was paid and permissible under this or other BSWH policies.

Programs may not allow trainees to take Personal, Study, Testing, or Interview Days if it will result in a required extension of training to comply with Specialty Board Requirements. This may mean that a Trainee is unable to take all the leave permitted by the Training Program.

Impact of Leave and Time Off on Trainee Pay

Residents and Fellows are paid at their usual rate during Institutional Vacation Time; Personal Days; Study, Testing, and Interview Days; Educational or Conference Days; Institutional Sick Time; Bereavement Leave; Jury Duty and Court Related Time Off; and time off for Voting.

Time off for Medical, Parental, and Caregiver Leave along with Other Leaves of Absence, are paid in accordance with the BSWH policies.

Residents and Fellows are not eligible for reimbursement or other pay for unused time off, extra pay for working on Observed Holidays, or in compensation for being unable to utilize all paid time off due to Specialty Board requirements.

PROCEDURES

Program Policies

Each residency and fellowship Training program must maintain a written policy on time off that addresses the following items and is consistent with their applicable Specialty Board time off and leave requirements (referenced below in the References Section). These policies must be submitted to the GME office annually. At a minimum, program policies should address the following:

- The number of Personal Days; Study, Testing, and Interview Days; and Educational or Conference Days permitted per training year, including whether Conference Days roll over from year to year.
- Procedures for requesting time away, including parties to be notified for both scheduled and non-scheduled days off.
- Program expectations for reporting to rotational or shift assignments in the event of inclement weather.
- Guidelines for how Vacation Time, Personal Days, and Study, Testing, or Interview Days may be taken (e.g., by the day or by the week, only during certain rotations, number of Residents/Fellows that can be absent from the service at once, number of consecutive days that can be taken at one time, the amount of advanced notice needed, etc.)

- “Time of year” restrictions, if any, on when vacation can be taken (e.g., not during the last week of June or first week of July) and for Terminal Vacation, which may differ for Residents or Fellows going on to fellowship at a different institution as opposed to Trainees staying internally or going into practice.
- Provision for fair and equitable distribution of Holidays amongst trainees, which can be by post-graduate year, dividing the days amongst trainees with trainee preferences or a lottery system, or any other division that allows trainees equal opportunities to take preferred Holidays off. This may also include provision of a “make-up” day off for a trainee that works a Holiday, so long as doing so does not require an extension of the Trainee’s program per Board Requirements.

Tracking

Training Programs are required to keep careful track of all time away from clinical training in a format that is easily accessible to the Program Director, Trainees, and GME Office. This must be preserved as part of the Trainee’s Permanent Record for reference after the trainee has left the program. Scheduled Days Off do not count toward time away from clinical training and do not need to be tracked.

Programs must have a procedure in place for checking time off against Specialty Board Requirements on a regular basis. Program Directors and Administrators are responsible for ensuring that Specialty Board Requirements, including notifications and special requests to the Board are followed for each trainee and carefully documented and retained as part of the Trainee’s Permanent Record.

Notification to the GME Office

The Administrative Director of Medical Education must be notified as soon as is possible of the following situations:

- Trainee Medical, Parental, and Caregiver Leaves of Absence
- Leaves that fall under the BSWH Leaves of Absence Policy
- A required extension to a Trainee’s program

Notification to the Texas Medical Board

Program Directors are required to report in writing to the executive director of the Texas Medical board if a Trainee physician has been or will be absent from the program for more than 21 consecutive days (excluding vacation, military, or family leave not related to the participant’s medical condition) and the reason(s) why. This report must be made within 30 days of the Program Director’s knowledge of the time away.

ATTACHMENTS

None.

RELATED DOCUMENTS

- BSWH Bereavement Leave Policy ([BSWH.HR.TIME.003.P](#))
- BSWH Jury Duty and Court Related Time Off Policy ([BSWH.HR.TIME.004.P](#))
- BSWH Voting Policy ([BSWH.HR.TIME.012.P](#))
- BSWH Resident/Fellow Medical, Parental, and Caregiver Leave Policy ([BSWH.HR.TIME.014.P](#))
- BSWH Leaves of Absence Policy ([BSWH.HR.TIME.001.P](#))
- BUMC Graduate Medical Education Well-Being Policy (unassigned)
- BUMC Graduate Medical Education Supervision Policy ([BUMC.GME.002.P](#))

REFERENCES

1. American Board of Colon and Rectal Surgery General Information Booklet found at [GIBook.wpd \(abcrcs.org\)](http://GIBook.wpd(abcrcs.org))
2. American Board of Dermatology Leave of Absence Guidelines found at [Leave of Absence Guidelines \(abderm.org\)](http://LeaveofAbsenceGuidelines(abderm.org))
3. American Board of Emergency Medicine Policy on Parental, Caregiver, and Medical Leave found at [Policy on Parental, Caregiver, and Medical Leave \(abem.org\)](http://PolicyonParental,Caregiver,andMedicalLeave(abem.org))
4. American Board of Family Medicine Absence from Residency/Family Leave Policy found at [Absence From Residency / Family Leave Policy | ABFM | American Board of Family Medicine \(theabfm.org\)](http://AbsenceFromResidency/FamilyLeavePolicy|ABFM|AmericanBoardofFamilyMedicine(theabfm.org))
5. American Board of Internal Medicine Special Training Policies: Leave of Absence and Vacation found at [Special Training Policies for Certification | ABIM.org](http://SpecialTrainingPoliciesforCertification|ABIM.org)
6. American Board of Obstetrics & Gynecology Resident Leave Policy found at [Residency Leave Policy \(abog.org\)](http://ResidencyLeavePolicy(abog.org))
7. American Board of Orthopedic Surgery Rules and Procedures for Residency Education found at [Part-I-and-II-RP-2023_01_27.pdf \(abos.org\)](http://Part-I-and-II-RP-2023_01_27.pdf(abos.org))
8. American Board of Pathology Booklet of Information found at [ABP_BOI.pdf \(abpath.org\)](http://ABP_BOI.pdf(abpath.org))
9. American Board of Physical Medicine and Rehabilitation New Family Leave Policy for Residents and Fellows found at [ABPMR - New Family Leave Policy for Residents and Fellows](http://ABPMR-NewFamilyLeavePolicyforResidentsandFellows)
10. American Board of Radiology Residency Leave Policy found at [ABR \(theabr.org\)](http://ABR(theabr.org))
11. American Board of Surgery Leave Policy
 - a. General Surgery found at [Leave Policy - General Surgery | American Board of Surgery \(absurgery.org\)](http://LeavePolicy-GeneralSurgery|AmericanBoardofSurgery(absurgery.org))
 - b. Vascular Surgery found at [Leave Policy - Vascular Surgery | American Board of Surgery \(absurgery.org\)](http://LeavePolicy-VascularSurgery|AmericanBoardofSurgery(absurgery.org))
 - c. Surgical Critical Care found at [Leave Policy - Surgical Critical Care | American Board of Surgery \(absurgery.org\)](http://LeavePolicy-SurgicalCriticalCare|AmericanBoardofSurgery(absurgery.org))
12. American Board of Thoracic Surgery Leave of Absence Policy [Leave of Absence Policy 2022 \(abts.org\)](http://LeaveofAbsencePolicy2022(abts.org))
13. Commission on Dental Accreditation: Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery found at [CODA.org: Accreditation Standards for OMS Residency Programs \(ada.org\)](http://CODA.org:AccreditationStandardsforOMSResidencyPrograms(ada.org))
14. Society of Surgical Oncology Breast Oncology Fellowship Frequently Asked Questions: For Programs found at [breast-oncology-fellowship-program-faqs-new-logo.pdf \(surgonc.org\)](http://breast-oncology-fellowship-program-faqs-new-logo.pdf(surgonc.org))
15. The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Residency). July 1, 2022.
16. The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Fellowship). July 1, 2022.
17. The Accreditation Council for Graduate Medical Education (ACGME). Sponsoring Institutional Requirements. July 1, 2022.
18. The Accreditation Council for Graduate Medical Education (ACGME). Glossary of Terms. April 15, 2020.

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.



Title:	Resident/Fellow Medical, Parental and Caregiver Leave				
Department/Service Line:	Human Resources				
Approver(s):	SVP Total Rewards and PeoplePlace				
Location/Region/Division:	BSWH				
Document Number:	BSWH.HR.TIME.014.P				
Effective Date:	07/01/2022	Last Review/Revision Date:	07/01/2022	Origination Date:	07/01/2022

SCOPE

This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

Nothing in this policy is intended to change the at-will nature of employment relationship and this policy does not create a contract of employment and can be modified at any time by BSWH.

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Parent –

- a. A biological parent or an individual who stands *in loco parentis* (or *in place of a parent*) to a child.
- b. Eligible employee who needs to care for their stepchild (child of employee’s spouse) regardless of whether the *in loco parentis* requirement of providing day-to-day care or financial support for the child is met.
- c. Eligible employee to care for a stepparent who is a spouse of the employee’s parent, regardless of whether the stepparent ever stood *in loco parentis* to the employee.

Serious Health Condition – an illness injury, impairment, or physical or mental condition that involves either:

- a. Inpatient care in a hospital, hospice or residential medical care facility or
- b. Continuing treatment by a health care provider.

Son or Daughter – a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who’s under age 18. Additionally, a parent may take Family and Medical Leave Act (“FMLA”) leave to care for a son or daughter 18 years of age or older, if the adult son or daughter:

- a. Has a disability as defined by the Americans with Disabilities Act;
- b. Is incapable of self-care due to that disability;
- c. Has a serious health condition; and
- d. Is in need of care due to the serious health condition.

A son or daughter on covered active duty or called to covered active-duty status, or a son or daughter of a covered service member, includes a son or daughter of any age.

Spouse – a person who is in a marriage including common law.

POLICY

Eligibility

This policy applies to all benefit-eligible Residents or Fellows.

Qualifying Reasons

Residents/Fellows may request a continuous leave of absence under this program for one of the following reasons:

- **Medical** – due their own Serious Health Condition;
- **Parental** – the birth of a Son or Daughter or placement of a Son or Daughter with the Resident/Fellow for adoption or foster care, and/or to bond with a newborn or newly-placed child;
- **Caregiver** - care of the Resident/Fellow's Spouse, Son, Daughter, or Parent with a Serious Health Condition.

Duration and Pay

Resident/Fellow Medical, Parental and Caregiver Leave provides up to six (6) weeks of paid leave per program for qualifying reasons and will run concurrently with any additional leave programs (e.g. Family Medical Leave Act ("FMLA"), Company Medical Leave, etc. See the "Leave of Absence" policy for more information). Pay will be at 100% of the employee's base rate.

If a single leave claim is less than six (6) weeks, the Resident/Fellow may apply for leave again, up to a total of six weeks. **Note:** Up to two (2) weeks of accrued Paid Time Off (PTO) and/or Extended Illness Bank (EIB), if applicable, will be used to supplement pay. If a Resident/Fellow exhausts the six weeks of paid leave provided under this program and requires additional time, they may be eligible for leave under the "Leave of Absence" policy.

PROCEDURE

Requesting a Leave

Residents/Fellows seeking a leave of absence should provide their Program Director/Program Administrator and the BSWH Absence Center with at least (30) days advance notice of their proposed leave. Where advance notice is not possible, notice should be given as soon as practicable.

To report a leave, employees can:

- Call the BSWH Absence Center at 844-511-5762 Monday – Friday from 7a.m. to 7 p.m. CST
- Use the self-service portal available at www.mysedgwick.com/bswh.

Benefits while on a Leave

Residents/Fellows may continue their health and welfare benefits while on a Resident/Fellow Medical, Parental and Caregiver Leave. Premiums for all benefits will be paid through payroll deduction so long as the employee is receiving pay. If a Resident/Fellow exhausts their paid leave and transitions to an unpaid status, they may continue coverage by paying premiums through the third-party direct bill vendor. A detailed billing packet regarding insurance continuation payment procedures is sent to an employee's home address.

Returning from a Leave of Absence (excluding Military Leave and Furlough)

Residents/Fellows must notify their Program Director/Program Administrator and the BSWH Absence Center in advance of their anticipated return to work date. Residents/Fellows on a leave of absence for their own Serious Health Condition may not return to work until they have been released by their health care provider and provided this release to the BSWH Absence Center. If the Resident/Fellow provides the Program Director/Program Administrator with a copy of the release, the Program Director/Program Administrator should submit the release to the BSWH Absence Center as soon as possible.

If a return to work date is unknown or more time is needed, the Resident/Fellow should contact their Program Director/Program Administrator and the BSWH Absence Center as soon as possible to discuss leave options. Failure to return to work after a designated return from leave date may result in termination of employment.

Residents/Fellows released with restrictions must have those restrictions approved prior to returning to work. If the return to work restrictions cannot be accommodated, the Resident/Fellow may remain on leave and may be offered the opportunity to go through the ADA interactive process, if applicable. (See the Reasonable Accommodation policy).

ATTACHMENTS

None.

RELATED DOCUMENTS

Leave of Absence (BSWH.HR.TIME.001.P)
Reasonable Accommodation (BSWH.HR.WKPL.007.P)

REFERENCES

For additional information regarding Employee Rights and Responsibilities under FMLA please click on the following links:

- FMLA Fact Sheet: <https://www.dol.gov/whd/regs/compliance/whdfs28.htm>
- English: <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>
- Spanish: <http://www.dol.gov/whd/regs/compliance/posters/fmlasp.pdf>

United States Employment and Reemployment Rights Act, 38 U.S.C. §§ 4311 - 4319 (2015)

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Title:	Wellbeing Policy				
Department/Service Line:	Graduate Medical Education				
Approver(s):	BUMC Graduate Medical Education Committee and Designated Institutional Official				
Location/Region/Division:	Baylor University Medical Center				
Document Number:					
Effective Date:	5/20/2022	Last Review/ Revision Date:	5/20/2022	Origination Date:	6/27/2019

SCOPE

This document applies to all Medical Students, Residents, Fellows, Faculty, Program Directors, program administrators and medical education staff involved in training Programs sponsored by Baylor University Medical Center (BUMC).

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document or in the [ACGME Glossary of Terms](#).

Burnout – Long-term exhaustion and diminished interest in work. Dimensions of burnout include, emotional exhaustion, depersonalization, and feelings of lack of competence or success in one’s work.

Medical Student or Student – refers to a student enrolled in an undergraduate physician or dental training Program.

Training Program or Program – a medical residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation (CODA), or the Texas Medical Board (TMB).

Teaching Faculty or Faculty – refers to all appropriately privileged medical staff members at BUMC or an affiliated host institution who function as supervising faculty members for the training Programs.

Trainee – refers to Resident or Fellow enrolled in a graduate training Program.

Wellbeing – refers to the state of being healthy, happy, and successful.

Work Compression – occurs when physicians are required to do the same amount of work in less time.

POLICY

Baylor University Medical Center desires that all learners are professionally and personally fulfilled, healthy, and hopeful physicians during training and throughout their careers. To accomplish this goal, the following resources and procedures are in place.

PROCEDURES

Responsibilities of the Medical Education Office

All staff members are expected to be trustworthy, resourceful, and responsive to individual and group needs.

All staff members are expected to continuously assess processes to minimize non-physician obligations and to provide the highest quality of administrative support to Students and Trainees.

The medical education office evaluates workplace safety data (specifically MIDAS reports submitted by Trainees and workplace exposure and injury reports) and works with the appropriate parties to ensure the safety of Students and Trainees.

Annual wellness surveys (through the American Medical Association (AMA)) will be conducted regularly so that the medical education office can track Wellbeing throughout training with the goal of graduating Residents and Fellows as healthy or healthier than when they started training.

Wellness events are scheduled for all Students and Trainees throughout the year. These events are designed to alleviate Trainee stress, teach healthy habits, and remind Trainees to engage in self-care to improve their Wellbeing and resilience.

A crisis management plan is in place to provide immediate, effective, and confidential assistance to any Student or Trainee who is experiencing an acute or sub-acute mental health crisis. Education on how to access care in a crisis for themselves or others is provided annually to all learners, Program Directors, and medical education staff members.

A positive learning environment that is free from harassment, humiliation, and any form of discrimination or abuse is critical for Trainee wellness. The Medical Education Learning Environment Policy sets expectations for a professional learning environment and delineates a reporting, investigation, and disciplinary process for violations of the policy. Reports of violations can be made to the GME hotline 214-820-2000.

The medical education office works with programs to ensure that Students and Trainees have access to food during clinical and educational assignments at all clinical sites.

Medical Education partners with on-site law enforcement to address safety and security concerns unique to Students and Trainees and evaluate all rotation sites with regard to the safety and security of Students and Trainees.

Baylor Scott & White Health and Texas A&M University School of Medicine provide accommodations for Students and Trainees with disabilities in compliance with the Americans with Disabilities Act Amendments Act (ADAAA). Students and Trainees needing accommodations in accordance with the ADAAA should contact the Administrative Director of Medical Education to be connected to resources.

In partnership with its Programs, medical education engages in practices that focus on ongoing, mission-driven, systematic recruitment and retention of a diverse and inclusive workforce of Trainees, Faculty members, senior administrative staff members, and other relevant members of its GME community.

Wellbeing Resources available for Students, Faculty, and Trainees

1. Employees of Baylor Scott & White, along with their families have access to numerous resources to support mental health including those listed below. Employees should view the [benefits page on the intranet](#) for the most up-to-date information.
 - a. An Employee Assistance program available 24 hours a day, 365 days per year that features up to five free in-person counseling sessions, access to online counseling through Talkspace, articles and educational materials, legal consultation, pet care, financial services referrals, and emergency child/elder care.
 - b. Behavioral health e-visits
 - c. Peer support for dealing with stressors of work or life
 - d. Spiritual and faith-based support through the Office of Mission and Ministry
 - e. Free health coaching
 - f. Free downloads of the Headspace app
 - g. Nutritional counseling with a registered dietitian
2. If Trainees are too fatigued to drive (at any time during the day or night), they are encouraged to use a taxi, Uber, or Lyft to get home or to sleep in the call rooms until they can safely drive home. Taxi, Uber, and Lyft rides will be reimbursed for Trainees to get home and to return to the hospital to retrieve their vehicle.
3. All Trainees are provided with an AMA membership, which includes access to resources and online modules to increase resilience, manage stress, and improve Wellbeing.
4. The [Clinical Wellbeing Sharepoint Site](#) is filled with resources to aid Students and Trainees in practicing self-care and identifying when additional help is needed. Included on this site are self-evaluation tools for identifying Burnout, depression, and substance use disorder among a variety of other conditions.
5. The medical education office employs a Manager of Wellbeing who is a licensed clinical social worker and is available to all Students and Trainees for consultation and support. The Wellbeing Manager works alongside Programs to develop effective Wellbeing initiatives and measure Student and Trainee Wellbeing. Additionally, the Wellbeing Manger works with individuals to connect them with resources for mental, emotional, spiritual, and physical Wellbeing, including connecting Trainees to confidential and affordable counseling and/or treatment for Burnout, depression, substance abuse, and other Wellbeing related concerns. The Wellbeing Manager is available to provide support for all Trainees requiring short-term counseling or during the process of being connected to longer-term care and to connect Students and Trainees experiencing a crisis with confidential urgent or emergent care.
6. Safe, quiet, clean, and private call rooms are available at Baylor University Medical Center (BUMC) and The Heart Hospital Baylor Plano (THHBP) and will be made available as needed at all clinical rotation sites. These rooms are available to all Students and Trainees and are in close proximity to patient care areas.
7. Clean and private facilities for lactation, including clean and safe refrigeration resources for the storage of breast milk are available at BUMC and THHBP within close proximity of patient care areas and will be made available at other clinical sites as needed. At BUMC and THHBP (and whenever possible at other clinical sites), lactation rooms are supplied with network computers for the convenience of nursing mothers.

Program Responsibilities

1. Ensure that Teaching Faculty and Trainees are educated on recognizing the signs and symptoms of Burnout, depression, and substance abuse in themselves and others and on steps to take if they need help or are concerned about a colleague.
2. Regularly assess scheduling, work intensity, and Work Compression for their impacts on Trainee Wellbeing.
3. Regularly assess Trainee workload to increase and enhance the time Trainees are able to provide hands-on patient care
4. Ensure that Trainees are provided with progressive autonomy and flexibility as they gain skills and experience.
5. Ensure that non-physician obligations are minimized and that appropriate administrative support is available for Trainees.
6. Provide annual fatigue management training (including signs of fatigue and sleep deprivation and alertness management) to Trainees and Faculty
7. Ensure that Trainees are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during working hours.
8. Maintain policies and procedures that enable coverage of patient care if a Trainee is unable to attend work and ensure that these procedures are carried out without either the threat or imposition of negative consequences for the Trainee requiring time off.

ATTACHMENTS

None.

RELATED DOCUMENTS

Duty Hour Policy (BUMC.GME.001.P)
Supervision Policy (BUMC.GME.002.P)
Learning Environment Policy (unassigned)

REFERENCES

19. The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Residency). July 1, 2022.
20. The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Fellowship). July 1, 2022.
21. The Accreditation Council for Graduate Medical Education (ACGME). Sponsoring Institutional Requirements. July 1, 2022.
22. The Accreditation Council for Graduate Medical Education (ACGME). Glossary of Terms. April 15, 2020.

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Title:	Clinical and Educational Work Hours				
Department/Service Line:	Medial Education				
Approver(s):	BUMC Graduate Medical Education Committee and Designated Institutional Official				
Location/Region/Division:	Baylor University Medical Center				
Document Number:	BUMC.GME.001.P				
Effective Date:	03/14/2023	Last Review/ Revision Date:	03/14/2023	Origination Date:	02/11/2014

SCOPE

This document applies to all Training Programs sponsored by Baylor University Medical Center (“BUMC”).

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document or in the [ACGME Glossary of Terms](#).

Continuous Time on Duty – The period that a trainee is in the hospital (or other clinical care setting) continuously, counting the trainee’s regular scheduled day, time on call, and the hours a trainee remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Clinical and Educational Work Hours (or Work Hours) – all clinical and academic activities related to the Training Program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders.

Day Off – one continuous 24-hour period free from administrative, clinical, and educational activities.

Graduate Medical Education Committee GMEC – a committee formed in compliance with ACGME Institutional Requirements consisting of Program Directors, Housestaff Council officers, Medical Education staff members, and representatives from hospital leadership and patient safety.

Post-Call – the day after a Trainee has spent the entire previous day and night working.

Scheduled Work Periods – assigned duty within the institution encompassing hours which may be within the normal workday, beyond the normal workday, or a combination of both.

Trainee – refers to Resident or Fellow enrolled in a graduate training Program.

Training Program or Program – a medical Residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation (CODA), or the Texas Medical Board (TMB).

Wellbeing – refers to the state of being healthy, happy, and successful.

POLICY

The medical education department is committed to providing training experiences of the highest quality within a framework that promotes Trainee Wellbeing and ensures that effective, compassionate, and safe patient care is provided in the clinical learning environment. Training Programs must provide Trainees with educational and clinical experience opportunities as well as reasonable opportunities for rest and personal activities.

To accomplish this goal, all Trainees, including those rotating from other institutions, must comply with the ACGME Institutional, Common, and Specialty Specific clinical and educational work environment requirements which can be found at [ACGME.org](https://www.acgme.org) and are incorporated here by reference. In the event of a discrepancy between this policy and the requirements listed in the ACGME requirements, the ACGME requirements should prevail. Nothing in the ACGME duty hour requirements should be interpreted to require Trainees to work the maximum allowable number of hours, to remain on duty if they are too fatigued or unwell to provide safe and effective patient care, or to spend so much time on clinical work and educational activities that the average Trainee's Wellbeing would be adversely affected.

The Program Director, in partnership with the Sponsoring Institution must provide a culture of professionalism that supports patient safety and personal responsibility. Trainees and Faculty Members must demonstrate an understanding of their personal role in the provision of patient- and family-centered care; safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events; assurance of their fitness for work, including: management of their time before, during, and after clinical assignments; and, recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the healthcare team.

PROCEDURES

Tracking and Reporting Work Hours

- All Trainees are required to report their Work Hours using the New Innovations system.
 - o This includes logging all At-Home (pager) call and all Moonlighting hours.
 - o Research time must be logged if it is a Program-required activity. If the research is pursued on the trainee's own time (without Program requirement), it is not included in Work Hours.
- Work Hours must be logged at the end of each month, at a minimum.
- Programs will have up to five days after the month ends to internally audit and confirm Work Hours as reported by their Trainees and submit their Work Hours report to the Medical Education Office.
- Trainee compliance with Work Hour logging, along with Work Hour violations, will be closely monitored by the GMEC. Programs that consistently have Trainees that do not log or that have excessive Work Hour violations will be required to report on remedial measures to the GMEC and or the Special Review Sub-Committee of the GMEC.

Clinical Work Hour Rules

- Work Hours must be limited to no more than 80 hours per week, averaged over 4 weeks.
 - o This includes in-house clinical and educational activities, clinical work done from home (such as using the electronic health record, taking calls, and responding to patient care questions), patient care activities performed while on At-Home Call, activities performed when a Trainee on At-Home Call returns to the hospital to provide patient care, research activities that are a formal part of the Training Program, and Moonlighting.
 - o Additionally, hours spent on activities that are required by the accreditation requirements or are accepted practice within the Training Program (such as membership on hospital

- committees or participation in recruiting or interviewing residency or fellowship candidates) all count toward Work Hours.
- Hours spent by Trainees fulfilling military commitments count toward the 80-hour limit only when they are spent providing patient care.
- Reading done in preparation for the following days cases, studying, and non-required research done from home do not count toward this limit.
- Trainees must have 8 hours off between scheduled clinical work and educational periods.
 - When a Trainee assigned to At-Home Call returns to the hospital to care for patients, a new time-off period is not initiated, and therefore the requirement for eight hours between shifts does not apply.
- Trainees must have at least 14 hours free of clinical work and education after 24 hours of In-House Call
- Trainees should have a minimum of 1 Day Off in 7 (when averaged over 4 weeks).
 - At-Home Call cannot be assigned on these free days.
 - Whenever possible, days off should be distributed throughout the month while taking Trainee preference regarding day-off distribution into account.
 - When feasible, schedules should be designed to provide Trainees with a weekend (or two consecutive days) free of work.
 - In most circumstances, the day off should be a full calendar day (i.e. the Trainee wakes up at home and has a whole day available).
 - Days Off should not be routinely or frequently scheduled on a Trainee's Post-Call day.
- Clinical and Educational Work Periods for Trainees must not exceed 24 hours of continuous scheduled clinical assignments. Up to 4 additional hours (for a maximum of 28 hours on duty) may be used for activities related to patient safety, such as providing effective transitions of care, and/or Trainee education. Additional patient care activities may not be assigned during these additional 4 hours.
- Trainees may not be scheduled for in-house call more frequently than every third night (when averaged over a 4-week period).
- Trainee attendance at a conference that is required by the Program or where the Trainee is acting as a representative of the program (such as presenting a paper or poster) should be included in Work Hours. However, travel time and non-conference hours while away do not qualify as Work Hours.
- Time off periods all begin when the Trainee leaves the hospital, regardless of when the Trainee was scheduled to leave.
- All averaging, as permitted in the Clinical Work Hour Rules, must occur by rotation. This is done over a 28-day period or a shorter time if the rotation is shorter than 4 weeks. When rotations are shorter than 4 weeks in length, averaging must be made over these shorter assignments. This avoids heavy and light assignments being combined to achieve compliance. Similarly, if a Trainee takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating Work Hours, call frequency, and Days Off.
- No exceptions to these policies are permitted over holidays or in the event of short staffing.
- Where Review Committees have specified Work Hour requirements that differ from the Common Program Requirements, the Trainees in that program and all Trainees rotating in that program from another specialty must comply with the specialty specific duty hour requirements (e.g. an Orthopedics resident rotating on Emergency Medicine must comply with Emergency Medicine Work Hour requirements for the entire duration of their Emergency Medicine rotation).

Exceptions

- Trainees, on their own initiative, may voluntarily elect to remain or return to the clinical site to provide care to a single severely ill or unstable patient, provide humanistic attention to the needs of a patient or family, or attend unique educational events, so long as the additional hours comply with the 80-hour weekly limit.
- BUMC programs may request an exception to the 80-hour Work Hour limit so long as the request is based on a sound educational justification. The GMCEC and DIO must review and formally approve the request for an exception.

Program Director Responsibilities

The Program Director must:

- Be familiar with the ACGME and specific specialty Review Committee policies and procedures governing Work Hours and the procedures for requesting exceptions.
- Monitor trainee Work Hours monthly.
- Monitor Trainees for excessive fatigue, especially in circumstances where they have voluntarily elected to work beyond Work Hour limits.
- Regularly monitor At-Home Call responsibilities to ensure that the demands are not so frequent or taxing as to preclude rest or reasonable personal time for each Trainee. This includes verifying that At-Home Call does not result in Trainees routinely working more than 80 hours per week.
- Adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- Ensure back-up support systems are provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create trainee fatigue sufficient to jeopardize patient care or Trainee Wellbeing.
- Monitor demands of moonlighting on a Trainee's performance in the program and withdraw permission to moonlight if adverse effects are noted.
- Ensure that all Trainee Moonlighting hours are logged as Work Hours New Innovations.
- Encourage trainees to use Fatigue Mitigation strategies in the context of patient care responsibilities.
- Have a policy and procedure for addressing non-compliance with Work Hour logging requirements.
- Take appropriate steps to ensure that the learning objectives of the program are not compromised by excessive reliance on trainees to fulfill service obligations. Didactic and clinical education must have priority in the allotment of trainees' time and energies. Work Hour assignments must recognize that faculty and Trainees collectively have responsibility for the safety and welfare of patients.
- Ensure that Trainees are able to complete most work on site during scheduled Work Hours without requiring them to take work home.
- Ensure that Trainees are never scheduled, required, or coerced into working beyond Work Hour limits.
- Ensure Trainees on research rotations are not assigned significant amounts of other clinical activities, such as covering night float, to an extent that the extra clinical assignments seriously undermine the goals of the research rotation.

Trainee Responsibilities

- Trainees should log all Work Hours, including Moonlighting hours, in a timely and accurate manner.
- Trainees should abide by all Work Hour requirements and notify their Program Director of circumstances where Work Hour Rules are violated.
- Trainees often have the flexibility to finish clinical work (such as charting or phone calls) from home. However, the decision to leave the hospital before their clinical work has been completed must be made in consultation with the Trainee's supervisor and Trainees should be mindful of their professional responsibility to complete work in a timely manner, comply with Work Hour requirements, and to maintain patient confidentiality.
- Trainees may choose (on their own initiative) to stay to care for their patients beyond Work Hour limits or to return to the hospital with fewer than 8 hours free of clinical experience and education. In these circumstances, Trainees should add a note to their Work Hour logs in New Innovations explaining the reason for working beyond normal duty hour requirements. Trainees are also responsible for ensuring that these activities do not cause them to violate the 80-hour weekly limit or the one Day Off in seven requirements.
- Trainees have a responsibility to return to work rested and are encouraged to prioritize sleep over other discretionary activities.

Moonlighting Policies

- PGY-1 trainees are not permitted to moonlight.
- Moonlighting must not interfere with the ability of the Trainee to achieve the goals and objectives of the educational program and must not interfere with the Trainee's fitness for work nor compromise patient safety.
- Trainees above the PGY-1 level must meet the licensing and malpractice requirements associated with their moonlighting, which typically requires a full Texas license and a private malpractice policy for the Trainee.
- Trainees may not use a hospital-provided DEA number to write prescriptions while Moonlighting. If a DEA number is needed to moonlight, the trainee must apply for and use their own number.
- Trainees must receive written approval from their Program Director to Moonlight.
- The Program Director is responsible for ensuring that the Medical Education office has a record of all Trainees that are approved to Moonlight.
- The Program Director, at his or her sole discretion, may limit or revoke a trainee's privilege to Moonlight if it interferes with the Trainee's education and/or any portion of the trainee's performance in the Program is unsatisfactory.
- All moonlighting agreements, whether internal or external, are employment agreements between the trainee and the hiring entity. BUMC Medical Education is not the employer under these agreements and is not liable for actions of the Trainee engaged in Moonlighting activities or for the actions of the employing entity.
- Trainees cannot be required to engage in Moonlighting or other professional activities outside of the program.
- Under Medicare rules, trainees may only Moonlight outside the facility where the Trainee has a Training Program or in an outpatient department or emergency room of the hospital where the Trainee is in a Training Program if the services furnished can be separately identified from those services that are required as part of the Training Program.
- In compliance with ACGME Institutional Requirements, the Sponsoring Institution or a Program may prohibit Moonlighting by Trainees.

Reporting

- In addition to the usual lines of reporting concerns, trainees may report concerns about Work Hours to Baylor University Medical Center's confidential hotline, which is available 24 hours a day at 214-820-2000.

ATTACHMENTS

None.

RELATED DOCUMENTS

Supervision Policy (BUMC.GME.002.P)
Transitions of Care Policy (BUMC.GME.003.P)

REFERENCES

The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Residency). July 1, 2022.

The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Fellowship). July 1, 2022.

The Accreditation Council for Graduate Medical Education (ACGME). Sponsoring Institutional Requirements. July 1, 2022.

The Accreditation Council for Graduate Medical Education (ACGME). Glossary of Terms. April 15, 2020.

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Title:	Supervision				
Department/Service Line:	Medical Education				
Approver(s):	BUMC Graduate Medical Education Committee and Designated Sponsoring Institutional Official				
Location/Region/Division:	Baylor University Medical Center				
Document Number:	BUMC.GME.002.P				
Effective Date:	03/14/2023	Last Review/ Revision Date:	03/14/2023	Origination Date:	02/11/2014

SCOPE

This document applies to all medical students, residents, fellows, faculty, and program directors involved in training programs sponsored by Baylor University Medical Center (“BUMC”).

DEFINITIONS

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Direct Supervision – the supervising physician is physically present with the Student or Trainee during key portions of the patient interaction or the supervising physician and/or patient is not physically present with the Trainee and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Trainee for guidance and is available to provide appropriate Direct Supervision.

Medical Student or Student – refers to a Student enrolled in an undergraduate physician or dental training Program.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Training Program or Program – a medical residency or Fellowship accredited by the Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation, or the Texas Medical Board (TMB).

Supervision Grids – charts completed by each Program defining the level of supervision required for each type of patient care and procedure in which a Student, Resident, or Fellow may engage.

Teaching Faculty or Faculty – refers to all appropriately privileged medical staff members at BUMC or an affiliated Sponsoring Institution who function as supervising faculty members for the training Programs.

Trainee – refers to Resident or Fellow enrolled in a graduate training Program.

POLICY

The responsibility of the Teaching Faculty is to ensure that each Student and Trainee is developing the skills, knowledge, and attitudes required to reach the next stage of training and, ultimately, to enter the unsupervised practice of medicine, while providing safe and effective care of patients. Such responsibility is exercised by observation, consultation, and direction, and includes the imparting of knowledge, skills, attitudes, and behaviors and delivering care in an appropriate, timely, and effective manner.

In the clinical and working environment, each patient must have an identifiable, appropriately credentialed and privileged Attending Physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for that patient's care. Residents and Fellows must identify and communicate with the accountable Attending Physician prior to making any clinical decisions on behalf of the patient. The Program and Sponsoring Institution are responsible for providing information on the accountable Attending Physician to all Students and Trainees by ensuring that the patient's primary physician or the physician who will assume responsibility for the patient's overall care is documented in each patient's chart. This information should also be available to Teaching Faculty, other members of the healthcare team, and patients. Students, Trainees, and Teaching Faculty should inform patients and families of their respective role in the care of the patient. Residents and Fellows are responsible for keeping the accountable physician informed of the patient's status, progress, and medical needs and for maintaining regular and effective communication with their Teaching Faculty.

Students and Trainees must always be supervised via either Direct Supervision, Indirect Supervision, or Oversight. Some activities require the physical presence of the supervising Teaching Faculty. Others can be adequately supervised by the immediate availability of the Teaching Faculty or a more senior Trainee, either in the hospital or other site of patient care, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include a post-hoc review of Trainee-delivered care with feedback as to the appropriateness of that care.

PGY-1 Residents must initially be supervised directly with the supervising physician physically present with the Resident during key portions of the patient interaction. Because the physical presence of a physician is required for supervision, PGY-1 residents may not take At-Home Call until they have demonstrated the requisite knowledge and skills, as determined by the Program Director and Faculty, to provide patient care without direct supervision.

PROCEDURE

The Program director and/or chief of service may supplement these general guidelines to meet specific requirements of the particular Program, the LCME (Liaison Committee on Medical Education) or ACGME (Accreditation Council for Graduate Medical Education) Review Committees.

1. The Program Director, Clerkship Director or Elective Director must determine which level of supervision is required for each Student, Resident, and Fellow based on their level of training and ability. Teaching Faculty must be aware of the supervision guidelines and will be held accountable for proper execution of these responsibilities.
2. The privilege of progressively increasing authority and responsibility, conditional independence, and a supervisory role in patient care, according to a Trainee's level of education, ability, and experience as well as patient complexity and acuity must be assigned by the Program Director and the Teaching Faculty.
 - a. Supervising faculty physicians must delegate portions of care to Students, Residents, and Fellows based on the needs of the patient and the skills of each Trainee.
 - b. Senior Residents or Fellows should serve in a supervisory role to Students and junior Residents or Fellows based on the needs of each patient and the skills of the individual Resident or Fellow. Supervisory assignments should be made by the Teaching Faculty in

- recognition of the Trainee's progress toward independence.
- c. Teaching Faculty must always be available to assume overall responsibility for patients cared for by Trainees.
 - d. Trainee competency must be evaluated on a regular basis by Teaching Faculty.
 - e. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Trainee and to delegate to the Resident or Fellow the appropriate level of patient care authority and responsibility.
 - f. The Program Directors, Clerkship Directors and Elective Directors must evaluate each Trainee's abilities based on specific criteria as outlined in the Program curriculum and guided by the Milestones (in the case of Residents and Fellows in ACGME accredited Programs) to provide a high-quality educational experience and for safe and effective care of patients.
3. Levels of supervision required for each Trainee must be outlined on Supervision Grids, which must define the level of supervision required for each type of patient care and procedure including circumstances that require the physical presence of a supervising physician.
- a. Supervision Grids must be posted to the intranet outlining the level of supervision required for patient care and procedures.
 - b. Grids may be broken down by individual Trainee or may apply to a group of Trainees by program year.
 - c. All grids must include all categories of patient care and procedures in which a Trainee may engage.
 - d. All grids must demonstrate progressive responsibility and autonomy. This means that, in general, the supervision required for a PGY-4 Resident should be lower than what is required for a PGY-1 Resident, though this may be altered based on the skill level of individual Trainees and based on the acuity of patients. Likewise, the supervision required in the second half of a one-year Fellowship, should be lower than the supervision required in the first half of Fellowship in recognition of the Fellows' progress towards independence, though this too may vary depending on each Fellows' skill level. Though the overall supervision requirements should gradually progress from more to less supervision as a Trainee moves closer to completion of the Program, Programs are free to specify that some patient care or procedures will always require the highest levels of supervision to ensure patient safety.
 - e. Supervision Grids must be accessible to nurses, technicians, Teaching Faculty and other hospital staff.
 - f. Supervision Grids should be reviewed and/or updated semi-annually (during either the Clinical Competency Committee or as part of the Semi-Annual Review process) to ensure that the levels of supervision are appropriate to each Trainees' skill level and appropriately address all types of procedure and patient care that a Trainee may encounter.
 - g. Each Trainee and/or Student should review their Supervision Grid with the Program Director or Clerkship Director and attest that they are aware of the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.
 - h. Nothing on the Supervision Grid should be interpreted to supplement the supervising physician's professional judgment and responsibility to ensure safe and effective patient care.
 - i. Nothing on the Supervision Grid should be interpreted to prohibit a Student or Trainee from providing life-saving care.
4. Programs must have a written Program-specific supervision policy consistent with this policy, their respective accreditation requirements, including those of ACGME Review Committees or the LCME, and must demonstrate that the appropriate level of supervision is in place for all Trainees.
- a. This policy must define when the physical presence of a supervising physician is required.
 - b. This policy should also include a written process and expectations for escalating care or events up the chain of command. In general, the chain of command should start with the Student contacting the Resident or Fellow, the senior Resident or Fellow, the patient's Attending Physician, the Program Director, Clerkship Director, Elective Director, Vice Dean or Designated Sponsoring Institutional Official and ultimately the Chief Medical Officer/Vice President for Medical Affairs if a situation needs to be escalated.

5. Programs must communicate guidelines for circumstances and events in which Students and Trainees must communicate with a supervising faculty member(s), which must include at least the following situations:
 - a. Transfer of a patient to the intensive care unit
 - b. Any significant event involving a patient including change in clinical status, procedural complications, medication errors, family issues, etc.
 - c. End-of-life decisions
 - d. Patient threatening or choosing to leave against medical advice (AMA), whether or not the patient has signed appropriate forms
 - e. Significant disagreement with the Emergency Department physician(s) regarding medical management or the medical necessity of hospital admission or placing on inpatient observation status
 - f. Patients, caregivers, or family threatening legal action
 - g. Requested or planned transfer to another healthcare facility
 - h. Accepting transfer of a patient from another healthcare facility
 - i. Significant disagreement with a consultant regarding a patient's management or treatment plan
 - j. Significant berating of the teaching team by a consultant or any member of the hospital staff
 - k. Any sentinel event as defined by the Joint Commission, including, but not limited to:
 - i. Wrong patient / wrong site surgery
 - ii. Patient suicide
 - iii. Retained foreign object after surgery
 - iv. Radiation overdose
 - v. Infant or pediatric abduction
 - l. Any unusual event that a Trainee determines requires Teaching Faculty notification or involvement
 - m. Any unusual event that an educational Program determines requires Teaching Faculty notification or involvement

6. Trainees should report any circumstances of inadequate supervision to their Program Director, Clerkship Director, Elective Director, Hospital Compliance Department and/or to the Department of Medical Education.

REPORTING

1. In addition to the usual lines of reporting concerns, Trainees may report concerns about supervision to the Sponsoring Institution's compliance helpline (866-245-0815), which is available 24 hours a day and to which reports may be made anonymously.
2. Trainees may also report supervision concerns by calling the GME Confidential Hot Line 24 hours a day, 365 days a year at 214-820-2000. All reports will be handled in a manner that prevents reprisal of any kind.
3. A process of periodic review of supervision assignments and the adequacy of supervision levels and regular Sponsoring Institutional oversight is in place. It is through this process that the Sponsoring Institution monitors training Program compliance with the accreditation standards including those related to the supervision of Trainees.

ATTACHMENTS

Program Specific Supervision Policy (BUMC.GME.002.A1)
 Supervision Grid Template by PGY Year (BUMC.GME.002.A2)
 Supervision Grid Template by Trainee (BUMC.GME.002.A3)

RELATED DOCUMENTS

Duty Hour Policy (BUMC.GME.001.P)
Transitions of Care Policy (BUMC.GME.003.P)

REFERENCES

The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Residency). July 1, 2022.
The Accreditation Council for Graduate Medical Education (ACGME). Common Program Requirements (Fellowship). July 1, 2022.
The Accreditation Council for Graduate Medical Education (ACGME). Sponsoring Institutional Requirements. July 1, 2022.
The Accreditation Council for Graduate Medical Education (ACGME). Glossary of Terms. April 15, 2020.

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.



Title:	Transitions of Care/Handoff Communications				
Department/Service Line:	Medical Education				
Approver(s):	BUMC Graduate Medical Education Committee & Designated Institutional Official				
Location/Region/Division:	BUMC				
Document Number:	BUMC.GME.003.P				
Effective Date:	10/31/2019	Last Review/ Revision Date:	10/31/2019	Origination Date:	06/10/2014

SCOPE

This document applies to Baylor University Medical Center- Dallas (“BUMC”).

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Additional defined terms may be found in the ACGME Glossary of Terms located at http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2015-11-06-115749-460.

Handoff – A standardized, real-time, interactive process of sharing patient specific information from one hospital staff member to another to ensure continuity and safety of care.

Housestaff Physician – refers to an intern, resident, or fellow enrolled in a Baylor University Medical Center graduate physician training program.

Permanent Handoff – A handoff when the patient is leaving the sending area and not expected to return.

Trainee – refers to a medical student, resident or fellow in a medical or dental training program.

Student – refers to a medical or dental student enrolled in an undergraduate physician/dental training program.

Shift to Shift Handoff - A handoff when trainee or student provider leaving at the end of the shift providing the incoming physician student or provider with information, but the patient remains in the same location.

Teaching Faculty – refers to all appropriately privileged medical staff members at BUMC or an affiliated institution who function as faculty members for the physician training programs.

Temporary Handoff – A handoff when the patient is leaving the sending areas and is expected to return.

Transfer of Responsibility Handoff – A handoff for break or meeting relief when the hospital staff gives brief information necessary for the care of the patient in the next 30 minutes or hour; the patient remains in the same location.

Transitions of Care/Handoff Communications - The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

POLICY

- Programs, in partnership with their Sponsoring Institutions and programs, must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.
- Programs must develop and implement a standardized handover policy and handover procedure for patient transfers between services, locations and providers.
- Each policy must:
 1. Meet specialty-specific program requirements
 2. Include a procedure to optimize transitions of patient care, including their safety, frequency, and structure
 3. Include a process for monitoring an effective, structured hand-over process including how frequently monitoring will take place
- Each procedure must:
 1. Include a written template for trainees to follow
 2. Follow a standard process to ensure critical patient information is not lost (ex: SBAR, I-PASS, and/or others)
 3. Be interactive and involve an opportunity for questioning between the giver and receiver of the patient care information
- Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care.
- Each program must ensure continuity of patient care, consistent with the program's policy and procedures in the event that a trainee may be unable to perform their patient care responsibilities due to excessive fatigue or illness.
- Programs must also ensure that
 1. Trainee schedules are structured to allow time for appropriate hand-overs without violating duty hour rules.
 2. Teaching faculty are scheduled and available for appropriate supervision levels according to the requirements for the trainees on duty.
 3. All parties involved in a particular program and/or transitions of care process have access to one another's schedules and contact information.
 4. Safeguards are in place for coverage when unexpected changes in patient care may occur due to circumstances such as physician trainee illness, fatigue, or emergency

PROCEDURE

- Individual programs design rotation and call schedules and clinical assignments to maximize the learning experience for trainees as well as to provide for quality care and patient safety and adhere to institutional policies concerning transitions of patient care.
- Each program will be responsible for developing a standardized approach to handoff communications and a handoff communication template and determining competency for each physician trainee.
- Handoff communications procedures will be conducted in conjunction with the BUMC Handoff Communications Policy.
- When possible, trainees and teaching faculty will identify a quiet area for hand off communications that is conducive to transferring information with few interruptions.
- All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality. All written or electronic hand off communications documents are HIPAA and Work Hour policy compliant.

- The patient will be informed of any transitions of care or responsibility, when possible.

Monitoring and Review

- The GMEC shall monitor transitions of care/handoff communication processes to analyze and monitor programs to mitigate risk
- The GMEC shall evaluate the effectiveness of transitions of care/handoff communication process, monitoring will be performed by each program using the evaluation method as outlined in the attachment of this policy.
- Programs develop and utilize a method of evaluating and monitoring the transitions of care process and update as necessary. Monitoring of hand-off communications at least once a month for both verbal and written handoff communication observations and submitted to the GME by the program no later than the last day of each month.
- The results of the monitoring shall be reported as requested by the GME Committee. The GMEC shall review elements of the transitions of care/handover communications process and make appropriate recommendations in order to continuously improve quality of care and patient safety.
- Recurring deficiencies may result in a more detailed monitoring review which could result in direct intervention by the GME Committee.

ATTACHMENTS

Transitions of Care/Handoff Communication Report (BUMC.GME.003.A1)

RELATED DOCUMENTS

Duty Hour Policy (BUMC.GME.001.P)
Supervision (BUMC.GME.002.P)
Hand-off: Communication Guidelines (BUMC.PtSaf.02.P)
Hand-off Communication Summary (BUMC.Pt.Saf.02.A)

REFERENCES

The Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements July 2016.
The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements July 2015.
The Accreditation Council for Graduate Medical Education (ACGME). Glossary of Terms. July 1, 2013.
The Joint Commissions Standards 2004, NPSG.02.03.01 and PC.02.02.01.

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Promotion, Grievance, Appeal, Remediation, and Disciplinary Policies

Promotion

Residents and fellows must meet the academic standards and curricular requirements of their training program in order to be reappointed and promoted. The determination to promote, not to promote, or delay promotion of a Housestaff physician is made by the Program Director in consultation with the Clinical Competency Committee (CCC).

In the event that the Program Director decides not to promote or delay promotion of a housestaff physician, the Administrative Director will make the decision to permit the physician to repeat the training year or a portion thereof (if a position is available) or to dismiss the physician from the program. This decision will be made in consultation with the DIO, the Program Director, the program's CCC, and taking funding, accreditation, legal and human resources requirements, attempts at remediation, and other relevant factors into account.

In instances where a housestaff's training agreement will not be renewed, the physician will be dismissed, promotion will be delayed, or when he/she will not be promoted to the next level of training, the program must provide the housestaff physician with as much written notice as circumstances will reasonably allow prior to the end of the housestaff's current training year.

Housestaff are allowed to implement the Grievance and Appeal Procedures if the housestaff receives a written notice either of intent not to renew their training agreement or of intent to renew the agreement but not to promote or delay promotion of the housestaff to the next level.

Grievance Procedures

A concern may be brought regarding any matter affecting the terms and conditions of a Housestaff Physician's training.

Housestaff may pursue grievances as follows:

- 1) With the exception of concerns that should always be resolved formally (below), the housestaff physician should first attempt to resolve the concern informally by consulting with a chief resident/fellow, appropriate faculty, the Housestaff Council, an Associate Program Director or the Program Director.
- 2) If the housestaff has attempted to resolve the concern informally and does not believe it has been satisfactorily resolved, he/she may submit the concern in writing to the next highest authority (listed in order below). Housestaff should follow the chain of authority in raising concerns, but failure to do so does not negate any rights the housestaff physician has to appeal.
 - a) Program Director
 - b) Chair of the Department
 - c) DIO
 - d) Chief Medical Officer
 - e) Chief Executive Officer
- 3) Concerns submitted to any of the individuals above should be resolved within a reasonable time frame by a written response that contains a definitive statement of decision.

Concerns that should always be handled formally

Housestaff physicians should not attempt to resolve the following concerns informally. Concerns of this nature should be directed formally to the next highest authority that was not involved in the incident/situation (listed above) and/or to Human Resources.

- 1) Concerns that involve sexual harassment, sexual misconduct, or violence
- 2) Allegations of discrimination based on any status protected by law, including, but not limited to, race, color, national origin, religion, age, veteran status, citizenship status, disability, sexual orientation, gender identity, or marital status
- 3) Ethical violations
- 4) Major deviations from Medical Education, BUMC, or BSWH policies

Appeal Procedures

Housestaff physicians may appeal some decisions to the Executive Committee of the Graduate Medical Education Committee (GMEC) and bring concerns to the attention of the Executive Committee. All proceedings before the Executive Committee of the GMEC shall be conducted in a manner that gives the Housestaff physician an adequate opportunity to present fairly the case for full review and to state the basis for appeal.

These appeal mechanisms are not a court proceeding and are not bound by the rules of a court of law or due process. No party to the appeal is permitted to be represented by an attorney in these proceedings nor to be accompanied by legal council.

GMEC Executive Committee

The GMEC Executive Committee is comprised of the following voting members:

- The DIO
- All current Program Directors in ACGME accredited programs
- The Housestaff Council Chair and Co-Chair or their designees

The GMEC Executive Committee will also include the following non-voting members

- All current Program Directors of non-ACGME accredited programs
 - In the event of an appeal by a fellow in a non-ACGME program, all non-ACGME Program Directors will become voting members.
- The Director of Administration of Medical Education
- Members of the GME office staff appointed by the DIO
- The BUMC Chief Executive Officer, Chief Medical Officer, and Chief Operations Officer

Quorum

Attendance by 50% of the voting members of the Executive Committee, which must include two members of the Housestaff (Council Chair and Co-Chair or their designee(s)) will constitute a quorum.

GMEC Executive Committee Authority

The GMEC Executive Committee may overrule any of the following decisions:

- 1) Decision to dismiss or not renew the training agreement of a housestaff physician due to failure to meet academic standards or curricular requirements.
- 2) Decision not to promote a housestaff physician to the next level of training or to delay promotion or make the housestaff physician repeat all or a portion of a training year.
- 3) Decision to place a housestaff physician on academic probation
- 4) Any other disciplinary action that is based on failure to meet academic standards or curricular requirements.

The GMEC Executive Committee may NOT overrule, review, or make recommendations on any decision to dismiss, not renew a training agreement, place on probation, or take any other disciplinary action against a housestaff physician that is based on misconduct. Misconduct shall be defined as violation of workplace rules or policies, applicable law, or widely accepted societal norms. Examples of misconduct include, but are not limited to: a. Unethical conduct, such as falsification of records; b. Illegal conduct (regardless of filing of criminal charges or criminal conviction); c. Sexual misconduct or sexual harassment; d. Workplace violence; e. Unauthorized use or disclosure of patient information; or f. Violation of BUMC's Substance Abuse Policies.

Similarly, the Executive Committee may NOT overrule any sanctions or restrictions imposed by the BUMC Chief Medical Officer for the purpose of ensuring patient safety. Trainees that are subjected to disciplinary action or restrictions due to misconduct or patient safety concerns may avail themselves of any recourse available to them as an employee of BUMC, but may not appeal to the GMEC.

In all other matters appealed to the GMEC, the Executive Committee may hear the housestaff's concerns and make a recommendation to the Program Director, DIO, or other interested party, but may not overrule the decision.

Recusal and Abstention from Voting

Any voting member of the Executive Committee that is the Program Director or a member of the Clinical Competency Committee in the same program in which the appellate housestaff is training will be recused from voting. If either the Housestaff Council Chair or Co-Chair are currently (or were ever) members of the same training program with the appellate housestaff, they must appoint a designee to vote in their place. Any voting member who has witnessed the facts in question, has first-hand knowledge of the housestaff's performance, or participated, in any way, in the adverse decision must be recused from voting. Only the Housestaff Council Chair and Co-Chair will be permitted and required to appoint a designee to vote in their place. All other recused members will not be replaced on the committee.

Other voting members may abstain from voting at their discretion if they believe they are unable to be objective or unbiased in the appeal.

The Housestaff Council Chair and Co-Chair may only select current elected members of the Housestaff Council (who do not have a conflict of interest) to vote in their place.

Procedures

Initiating an Appeal: Housestaff wishing to submit an appeal to the GMEC Executive Committee must submit the details of their concern and the resolution that they desire, in writing, to the Chair of the GMEC. An appeal must be submitted in writing within 14 calendar days of the date the housestaff was notified of the decision. After this time period, the housestaff's right to appeal is forfeited and the appealable decision shall become final.

Scheduling an Appeal Hearing: All efforts shall be made to hold the appeal hearing within 30 calendar days of the written appeal letter. Written notice of the date and time set for the appeal hearing will be delivered via BSWH email to the members of the Executive Committee and to the appellate housestaff. The appellate housestaff must be given at least 10 calendar days from the issuance of the notice of hearing in which to prepare his/her appeal. Requests by a Housestaff physician for rescheduling shall be honored to the extent practicable.

Access to files: Prior to the hearing, the housestaff physician shall have access to his/her department file, which shall contain all reports, evaluations, and recommendations related to the action taken. The Executive Committee members shall each have access to said files, the letter of appeal, and any other documents the housestaff physician or the party opposing the appeal wishes to present at the hearing. All documents shall be deemed privileged and confidential and returned to the Department of Medical Education after a decision is rendered.

Presence of Witnesses and other Parties: At any presentation before such committee, the housestaff physician may bring any member of the Hospital medical staff or other housestaff members to accompany the housestaff physician, participate in the discussion, and advocate on behalf of the housestaff. The housestaff physician and opposing party will be limited to 5 additional parties and/or witnesses. All parties may ask others to submit written statements on their behalf to the committee.

Submission of Documents: All parties must submit any written documents that they wish the Executive Committee to review to the DIO at least 5 calendar days prior to the appeal hearing. Failure to submit documents in the time and manner required by the GME Office may result, at the discretion of the Housestaff Council Chair, in the material not being considered by the committee.

Withdrawal of Appeal: The housestaff may, at any time, withdraw the appeal by informing the DIO in writing of his/her decision to withdraw. The withdrawal shall become binding immediately upon receipt by the DIO. A housestaff who fails to appear within fifteen minutes of the set time for the appeal hearing will be deemed to have withdrawn the appeal. Once withdrawn, an appeal may not be reinstated.

Conduct at the Hearing: At the hearing of the Executive Committee, the Program Director or other party opposing the appeal shall inform the Housestaff physician of the reasons for the decision that is being appealed. The housestaff physician shall then have an opportunity to present his/her case. Following the housestaff's presentation, both parties will have the right to make final statements to the Subcommittee. All evidence offered must be reasonably related to the facts and statements concerning the reasons for the housestaff physician's appeal. The housestaff physician and the opposing party must personally represent themselves. A member of the GME office staff will be appointed as a referee to introduce the parties, keep testimony relevant, and redirect parties as necessary.

The Executive Committee may request additional documents or information and may defer or delay a vote until additional information can be gathered. If necessary, the amount of time allotted for each side to present and rebut and other procedural rulings will be determined by the Chair of the Housestaff Council or his/her designee. To ensure that all parties can speak freely, these proceedings will not and should not be recorded by any party present. Cell phones may be collected prior to these proceedings to ensure recordings are not being made.

After all parties have taken their opportunity to present, the housestaff bringing the appeal and all parties that are not members of the GMEC Executive Committee will be dismissed. Any Executive Committee Members that were involved in the appeal or opposition will also be dismissed. The Executive Committee will discuss their decision and hold a vote. These discussions will not and should not be recorded.

Voting on decisions that may be overruled: A fifty percent majority vote of the present voting members of the GMEC Executive Committee will be required to overrule the appealed decision and rule in favor of the appellate housestaff. In the event of a tie vote, the Housestaff Council Chair or his/her designee's vote will decide the outcome. A written summary of the GMEC Executive Committee decision will be given to the housestaff bringing the appeal and his/her Program Director within 7 days of the decision. The decision will be sent via BSWH email and postal mail to the appellate housestaff at the housestaff's address on record with PeoplePlace. The Executive Committee's decision is final and may not be appealed.

Recommendations on other concerns brought to the Executive Committee: For decisions that may not be overruled, the GMEC Executive Committee will create a written summary of their recommendations in the matter. The written summary will be delivered within a reasonable amount of time via BSWH email to the housestaff physician and the Program Director or other opposing party. These recommendations are advisory only and are not binding on any party. Recommendations may not be appealed by any party.

Employment During Proceedings: The Housestaff physician shall continue to draw full pay and, if on suspension, shall continue on suspension, until the end of his/her current appointment or until completion of the appeals process, whichever comes sooner.

Housestaff Physician Records and Reporting: Final adverse decisions shall become a permanent part of the housestaff physician's record. Both the housestaff physician and program director may have reporting responsibilities to the Texas Medical Board in relation to the final adverse decision.

No reporting of disciplinary action to any outside entity, including, but not limited to any certifying body, professional association, or other training program may be made until the appeal process has concluded, any appeal rights have expired, or the housestaff physician has withdrawn the appeal (unless any such disclosure is made pursuant to compulsory legal processes, accreditation, or Texas Medical Board regulations). The foregoing shall not prevent the program or GME office from notifying necessary persons or entities that the housestaff is on leave for purposes of ensuring appropriate patient coverage.

Retaliation: All forms of retaliation are prohibited against an individual who, in good faith, brings a grievance or appeal according to the policies above and against any party who participates in the appeal.

Legal Action: No legal action concerning appealable decisions may be brought by a housestaff physician unless and until:

- The housestaff has filed a written request for an appeal of the decision following the procedure and within the time periods prescribed above; and
- The housestaff has been notified in writing of the final decision by the Executive Committee.

Academic Improvement Plans

Performance Coaching

At BUMC, the focus is on each housestaff as an individual whose learning styles and educational needs may vary. It is, therefore, anticipated that many housestaff will require some form of additional coaching throughout their training careers. Coaching should usually be the first step taken by the program to correct deficiencies and improve the performance of a housestaff physician. The GME office has many resources to assist programs in coaching and the Director of Administration should be notified of coaching plans that are put into place. However, with notification to the Director of Administration, programs may devise their own coaching plans at any time.

A coaching plan should be put in writing, specifically identify the deficiencies it is designed to address, and indicate the actions that will be taken by the program and by the housestaff to cure the named deficiencies. Written coaching plans should be submitted to the Director of Administration, but will not become a part of the housestaff's permanent record if the housestaff physician successfully completes the program. Records of performance coaching will be removed from the housestaff's permanent file upon successful completion of the program.

The development of a coaching plan for a housestaff physician is not considered disciplinary action and is not appealable. Performance coaching is considered a standard educational practice and is, therefore, not reportable to state medical boards or any outside entities.

Performance Improvement Plans (PIP)

Formal performance improvement plans are developed and used by the Program Director to assist and encourage a trainee to reach a desired level of performance. Ideally, a PIP will follow an attempt at performance coaching. However, for serious deficiencies, a program may skip performance coaching and enter directly into a PIP.

Before a trainee is presented with a PIP, the Program Director must first meet with the Director of Administration and his/her GME office designees to discuss the performance deficits and create an appropriate PIP.

A PIP will outline the desired areas of improvement and resources to help the trainee attain them. A PIP must clearly state how improvement and success will be measured. A PIP may be effective for 30 to 90 days. A meeting will be held with the Program Director, the Housestaff physician, and a GME office representative to present the housestaff with the written PIP. At the meeting, the Housestaff may ask questions or for clarifications on the PIP terms. If necessary, the PIP may be amended prior to going into effect to provide additional instruction or clarity.

Upon expiration of the PIP time period, the PIP may be successfully completed, extended for continued improvement, a new PIP may be issued for other improvement efforts, or the housestaff may be placed on academic probation.

Promotion to the next level of training may be delayed until the trainee successfully completes the performance improvement plan.

PIPs are not considered disciplinary action and being placed on a PIP is not appealable to the GMEC Executive Committee. The PIP will, however, remain in the housestaff's file and may be reportable to state licensing authorities depending upon the state's regulations.

Academic Probation

Academic Probation is necessary when a housestaff physician is not meeting the program's academic standards, which are based on the ACGME core competencies. Examples of failure to meet academic standards include, but are not limited to: a. Issues involving knowledge, skills, job performance or scholarship; b. Failure to achieve acceptable exam scores within the time limits identified by the training program; c. Unprofessional conduct; and d. Professional incompetence including conduct that could prove detrimental to patients, employees, staff, volunteers, or visitors.

The decision to place a housestaff physician on academic probation will be made by the Program Director in consultation with the CCC, but must be approved by the Director of Administration and the DIO. The Director of Administration or the DIO may deny a request for probation if, in their sole discretion, the program has not adequately exhausted other remedies including performance coaching and PIPs or does not have appropriate evidence of deficiency. However, a program is not required to issue a housestaff physician any form of non-disciplinary remedial action as a prerequisite to probation.

An academic probation plan must be created by the Program Director and outline the desired areas of improvement and resources to help the trainee attain them. The plan must clearly state how improvement and success will be measured. A minimum of 60 calendar days will be allowed for the Housestaff physician to correct the identified deficiencies, and the Program Director should provide both a time and mechanism for re-evaluation. The plan must be approved by the Director of Administration and the DIO. Once a plan is finalized, a meeting will be held with the Program Director, the Housestaff physician, and a GME office representative to present the housestaff with the written plan. At the meeting, the Housestaff may ask questions or for clarifications on the plans terms. If necessary, the plan may be amended prior to going into effect to provide additional instruction or clarity.

Upon expiration of the plan time period, the plan may be successfully completed, extended for continued improvement, a new plan may be issued for other improvement efforts, or the Program Director, with express approval from the Director of Administration and the DIO may require the housestaff to repeat all or a portion of training, may elect to not renew the housestaff's training agreement for the next academic year, or may dismiss the housestaff from the program.

Promotion to the next level of training may be delayed until the trainee successfully completes the academic probation plan.

If the housestaff physician corrects the identified deficiencies and any other deficiencies that may have arisen during the probationary period and the probationary status is lifted, but the Housestaff physician's performance subsequently fails to meet the program's academic standards due to identified deficiencies that are the same or similar to the deficiencies resulting in the prior probationary status then the the Program Director, with express permission from the Director of Administration and the DIO may renew the probation, require the housestaff to repeat all or a portion of training, may elect to not renew the housestaff's training agreement for the next academic year, or may dismiss the housestaff from the program.

Academic probation is considered disciplinary action and is appealable to the GMEC Executive Committee. Records of academic probation will remain in the housestaff's file and may be reportable to state licensing authorities depending upon the state's regulations.

Suspension

The Program Director, DIO, Chief Medical Officer, or Director of Administration of Medical Education may suspend a Housestaff physician in accordance with HR policies, in any of the following situations

- 1) A serious professional charge is brought against the housestaff physician
- 2) The housestaff physician breaches a term or provision of the Medical Education training agreement
- 3) There is concern that the housestaff physician's performance of his/her duties is seriously compromised or may present an imminent threat of injury to patients, staff physicians, or persons on the premises
- 4) The housestaff physician fails to meet the Texas Medical Board's requirements for professional licensure.

In the event of a suspension, the charges against the housestaff must be investigated and a disposition determined within 21 calendar days. The decision to suspend a housestaff physician is considered disciplinary action and is usually reportable to medical boards. The decision to suspend a housestaff physician is not appealable to the GMEC Executive Committee, but the final disposition (e.g. disciplinary action, dismissal, etc. may be appealable based on the other policies outlined herein).

The housestaff physician will be notified of his/her suspension by letter and will be verbally informed of the suspension by the Program Director or his/her designee as soon as is practicable.

The decision to reappoint a Housestaff physician who is on suspension may be deferred, at the discretion of the Program Director, until the end of the suspension period.

Housestaff physicians will continue to collect full pay and benefits during suspension. Housestaff physicians may attend educational sessions, but may not engage in any form of patient care during a suspension.

Dismissal

A Housestaff physician may be dismissed for misconduct (as defined above), violation of BUMC or BSWH policies, for any of the reasons defined above, or for any conduct that would constitute a fireable offense under BUMC or BSWH Human Resource policies. Additionally, a housestaff physician may be dismissed for any serious academic deficiency that poses a risk to patient safety regardless of whether the housestaff was previously on any form of remediation or probation.

The Director of Administration will make the final decision to dismiss a member of the housestaff. This decision will be made in consultation with the DIO, the Program Director, the program's CCC, and taking accreditation, legal and human resources requirements, attempts at remediation, and other relevant factors into account.

Written notification of dismissal shall be sent to the Housestaff physician. This letter will stipulate the reasons for such action.